Our Professional Heritage

By FLORENCE H. M. EMORY, Toronto

With the approaching celebration of the Diamond Jubilee of Confederation claiming the interest of all true Canadians, we are compelled to give some thought to the national heritage which is ours; ours to preserve, cultivate and enjoy. Is it not fitting that such thought be accompanied by a consideration and evaluation of our professional heritage in this the banner province of our wide dominion? The words of the eminent psychologist, William James, "We live forward, we understand backwards," would justify a brief discussion of our professional heritage. We have chosen to consider that heritage in terms of organization, opportunity and responsibility.

The younger members of our organization, those for whom the future promises much, will do well to consider present day advantages in the light of traditions which have assisted in making possible the Registered Nurses' Association of Ontario. What are those traditions? In the early years of the present century a few nurses in Ontario became interested in professional organization. It remained for the late Mrs. Pafford, formerly Miss Agnes McIntyre, a graduate of the School for Nurses of the Toronto General Hospital, to write personally to the superintendents of training schools in the province on the subject of registration. She urged the organization of alumnae associations as a preliminary step and requested a list of graduates that she might communicate with them. Such effort resulted in the formation of the Graduate Nurses' Association of Ontario in 1904. It is illuminating to read the history of the growth of the organization and of heroic efforts made for legislation, success finally being achieved through the existence of an organized group. May I be permitted to venture the opinion that effort and sacrifice both courageous and persistent are the traditions of our professional organization in this province. What of its accomplishments? In her presidential address delivered at the first annual meeting of the Registered Nurses' Association of Ontario, Miss Dickson enumerated these. May I repeat them in part: An Act for the Registration of Nurses, regulations regarding the conduct of approved training schools, assistance given in the establishment of post graduate training for public health nurses in the provincial University, and in the organization of refresher courses for private duty nurses, financial support given nursing projects: provincial, national and international, and national leadership afforded through the election of presidents holding membership in the Graduate Nurses' Association of Ontario. The objects of our present organization reflect the highest ideals of our profession, relating as they do to the public, to nursing and to the nurse: to render service in the interest of the public, to advance educational standards of nursing and to maintain the honour and status of the nursing profession. As an aid in the realization of such objectives certain machinery has been set in motion. Those familiar with the organization know that Ontario has been divided into ten districts the boundaries of which correspond to those of the Ontario Medical Association. District meetings are held at intervals throughout the year when appropriate programmes are arranged and an opportunity given for interchange of thought and discussion of problems. A representative appointed from each district executive, together with section chairmen and officers of the Association comprise

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the Board of Directors of the provincial organization. This body meets at least four times during the year to conduct business which must be transacted between annual meetings. Membership in the provincial association is obtained through application to the district association. At that time prospective members indicate in which of the three sections they desire to hold membership. In that way the personnel of the three sections is determined. In contrast to the former organization, in which membership was held through the alumnae association, in the present association membership is individual. With the development of the district organization rests the success or failure of our professional association. Attendance at meetings of three district associations has convinced me not only of the soundness but of the potentialities of our organization and of its ultimate success. The association is still in its infancy and like the normal infant we shall hope that it may grow slowly but steadily. Accomplishments are further reflected in the painstaking and efficient work of standing and special committees. Special mention should be made of the yeoman service rendered by our membership committee and of the finished work of the arrangements committee. Special committees have been engaged in the study of problems which are of fundamental importance to our profession. The relationship of the Registered Nurses' Association of Ontario to the Ontario Medical Association, together with problems arising between the two professions viewed in the light of service to the patient, have engaged the attention of one committee. Another has studied welfare problems existing in our two northerly districts and will make recommendations to the Association in regard to the health and social needs of that area. A third has rendered signal service in studying the need for the establishment of a course for nurse instructors in the University of Toronto and in outlining a possible course of action. Still another has made a distinct contribution through a consideration of types of service needed in homes disorganized by illness. These examples together with service rendered by the three sections indicate something of possible activity.

The inheritance of a new but virile organization will assist in the utilization of a second professional heritage: that of opportunity. The graduate of today finds herself in a vastly different environment to the graduate of a few years ago. Opportunities varied and alluring present themselves; hospital administration, teaching and supervision in schools of nursing, private duty nursing and public health nursing with its many ramifications. Then, too, special preparations for these fields are being offered gradually. To the anxious or impatient the realization of ideals seems a slow process. It must be remembered, however, that the first normal school in Ontario was opened less than 80 years ago, and further, at that time the entrance requirements for teacher training included a minimum age of 16, a certificate of good moral character signed by a clergyman, the ability to read and write intelligently and an acquaintance with the simple rules of arithmetic. In the light of those requirements surely progress has been registered in our own profession. It is imperative that our heritage of professional organization and opportunity should be so closely inter-related as to render impossible the independent development of either. Many examples of wise precedent in our own province might be cited to substantiate such a view.

We must be cognizant of the fact, however, that a professional heritage of organization and opportunity brings with it a heritage of no less importance: that of responsibility. Our future success will be conditioned by the degree to which we accept the third, professional responsibility.

That may be considered from the standpoint of the group or organization as a whole and from that of the individuals composing the association. If group responsibility be accepted, the organization will fulfill a two-fold function. It will be at once progressive and protective in nature—progressive in dealing with problems arising within and without the profession, protective in its relation to the profession of which we form a part and to the public whom we exist to serve. The Registered Nurses' Association of Ontario should be known as an organization to which all members of the profession belong. It should be considered representative of the opinion of our profession in Ontario. Our motto should be "Every eligible nurse in our province a member of the R.N.A.O." Responsibility, financial or other, equally shared falls heavily on none. Then and only then shall we be unhampered in our attempts to meet adequately legitimate demands made upon us. In the opinion of your president legitimate demands may be interpreted to include, in the not far distant future, an adequately paid half-time secretary-treasurer and when possible a full-time executive secretary with permanent office and equipment. With that end in view we shall be compelled to canvass thoroughly and convincingly all possible members, not neglecting those who graduate from the training schools of our province yearly. An active membership committee in each district the personnel of which includes a representative from each alumnae association should do much to stimulate interest in enrollment.

We have assumed in passing the responsibility of the nurse toward her professional organization. What of her responsibility toward herself and the matter of self development? May I plead here for a day in which a few moments at least are reserved for the pursuit of a hobby or for stimulus afforded by the reading of worth-while literature, literature not necessarily professional in nature but of the type that gives one an incentive for further endeavour. The late Sir William Osler in addressing a group of medical students said: "Get a relish for the good company of the race by daily intercourse with some of the great minds of all ages. Many of you will need a strong leaven to raise you above the level of the dough in which it will be your lot to labour." The nurse who cultivates moderate indulgence in some form of avocation will bring to her daily task a mental alertness and buoyancy of spirit which is absent in those who constantly pursue their chosen vocation without intermission or diversion.

Shall we conclude, then, that our professional heritage of organization, opportunity and responsibility rightly accepted and acted upon must lead us to endeavour to solve problems which are personal, professional and community-wide in character? Some of the most insistent will receive consideration during this convention. I am not unduly concerned as to their ultimate solution so long as in the solving of them we add to scientific knowledge and unprejudiced judgment the spirit of disinterested and whole-hearted service which characterized the pioneers of our profession. For the manifestations of good will and co-operation which have facilitated the work of our organization during the present year, your president is grateful. Special mention should be made of the efficient discharge of the arduous duties of the secretary-treasurer. But for her interest in the Association her task would have been an impossible one.

And what of the future? Shall we not face our professional obligations with courage and determination, knowing that through the acceptance of our heritage, its opportunities and responsibilities alike, we shall perpetuate the spirit of those whose vision and labour have resulted in the Registered Nurses' Association of Ontario?

Editorial

Those who have been privileged to observe nursing activities in other countries know something of the stimulus afforded through unprejudiced but frank discussion with those who are leaders in the nursing world of today. One cannot visit the Mother Country—the home of the modern nurse—without catching a glimpse of the spirit which actuated the leaders of the Victorian period, and which still exists to a marked degree in their successors. Nor is it possible to witness the evolutionary process in nursing which is taking place in France without admiration for the efforts being put forth in the reaching of an ideal, and belief in the ability of the nursing profession in France to reach that ideal.

Our profession is fortunate in the possession of an organization through which nurses of many countries may benefit by the failures and accomplishments of the individuals in each; may derive, to a degree at least, from an organized group the benefits which may be experienced through personal contact with individuals of other countries. That organization is the International Council of Nurses. Can it be true that such a body will meet in Canada in 1929 and that we shall enjoy the privileges which accrue from such a gathering? Can it be true that to those whose spirits well with the enthusiasm born of a new country shall be brought the tempering influence of those whose experience and viewpoint are the result of many centuries? That is our good fortune.

We who have fallen heir to great privilege must accept great responsibility for, in this instance, privilege pre-supposes responsibility. In the Jubilee year of our nation's history we have heard much of the unifying influence of confederation. Is it too much to hope that that influence may be reflected in the nursing profession throughout Canada as we accept responsibility in preparing adequately for the next meeting of the International Council of Nurses? There are those, in nursing as in every walk of life, who follow the day's routine, reaping the advantages of organized effort but giving neither time nor thought to the carrying on of the work through which they benefit. There are others who belong to the professional organization of their province having a passive interest in its activities but assuming no responsibility for its maintenance or progress. A third group—and they are increasing—are willing to go the second mile; are willing to sacrifice personal time and if need be income so that the professional interests of nursing may be protected and advanced. Is it not conceivable that those in the first and second groups will remain there no longer but will join the group who are willing to do their best in the realization of a common purpose? We rallied magnificently in erecting a national memorial for nurses who gave their lives during the Great War. In 1929 our achievement may be still greater if each individual accepts her share of responsibility and is willing to work through the nursing organization of her province in the accomplishment of a national objective. Such effort will result in the enrichment of our national organization and in the strengthening of international relationships.

It is true that the International Council of Nurses will be held in Montreal. Preparation for that meeting, however, is not local but national in scope, the success of which will be conditioned by individual and group effort throughout our Dominion. Let each member of our profession assist in bringing to fruition the fondest hopes of our late beloved president as, on behalf of the Canadian Nurses Association, she invited the International Council of Nurses to Canada for 1929.

A Message From The Chinese Nurses

The Chinese nurses were deeply disappointed to have to rescind their invitation to the International Council to meet in Pekin in 1929. They had been anticipating for so long meeting nurses from other countries. Many of them were studying English very hard, so as to be able to help the foreign nurses see things in China, and entertain them as they should be entertained. Many of the Chinese were already omitting biennial N.A.C. conferences, and putting the money toward Pekin in 1929.

When the Bolsheviki began their disorders in southern and central China, the nurses used to slip over to our houses after dark and talk to us about what could be done to save the situation for 1929. And every nurse in China will never cease regretting that the nurses could not control the political situation and bring peace. They hope that the Canadian nurses realize not only their life-long regret at not being able to entertain you, but also their appreciation of your willingness to undertake the conference at this late date. It makes it much harder for you than if you had had four years to prepare, and the Chinese are very grateful for the sporting spirit in which you have relieved them. Their one great hope now is that things may soon be peaceful, so that they can entertain you in their country and make up for the postponement of their pleasure.

For the Chinese nurses,

NINA D. GAGE.

HEAVENWARD

(Lady Nairne)

Would you be young again?
So would not I—
One tear to memory given,
Onward I'd hie.
Life's dark flood forded o'er,
All but at rest on shore,
Say, would you plunge once more,
With home so nigh?

If you might, would you now
Retrace your way?
Wander through thorny wilds
Faint and astray?
Night's gloomy watches fled,
Morning all beaming red,
Hope's smiles around us shed,
Heavenward—away.

Where are they gone, of yore
My best delight?
Dear and more dear, though now
Hidden from sight.
Where they rejoice to be,
There is the land for me;
Fly time—fly speedily,
Come life and light.

A Few Facts About Scientific Management in Industry

By PERCY S. BROWN, Deputy Director, International Management Institute, Geneva, Switzerland.

It is with a great deal of trepidation that I approach the problem of discussing a subject which the title of the paper does not fully disclose. I could without difficulty speak at great length on scientific management and industry — much of it might be of interest to you—but the members of your organization who were responsible for the preparation of the programme were kind enough to provide me with suggestions as to the contents, and these suggestions lead me into the realm of scientific management in relation to nursing technique, a subject which I approach, I hope, with becoming modesty.

We all know, that wherever such things as materials, human beings, time and wages or salaries are concerned, similar problems are encountered, and therefore the technician from industry may with propriety discuss selling, railroad operation, or nursing.

One thing that it has always been difficult for me to understand about your profession, is the assignment of work to the nursing staff. For example, I have seen thoroughly competent and skilled nurses scrubbing floors, sweeping, preparing meals, and doing other things which to the lay mind are functions of service not requiring the high skill and training so essential to the nursing profession. This has led me to ask the question of myself: What are nurses supposed to do? and to that I had no answer except to infer that they are supposed to take care of sick people and to help to make them well. So I asked myself a second logical question: What do they do? and as I look back over my contacts with hospitals in the past, it seems to me that nurses do a little of everything, from scrubbing floors to nursing.

Now this is possibly all right, and it would be outside of the realm of the factory man to question at all, were it not for the fact that from the standpoint of scientific management the utilization of a high grade technician in manual work is not considered scientific. We would analyse the jobs, and we would determine upon the function, and we would arrange these functions according to skill. In the factory we would certainly not use a skilled tool maker who has spent years in acquiring a special technique, and who is compensated very satisfactorily for this skill that he has acquired, in scrubbing floors, or doing general janitor work, unless we had no other work for him—and he then would be a janitor for a time at an appropriate wage. It hardly seems that the use of skilled nurses for such work can be justified by analysis of the professional requirements, and that there must be some other reason for this.

I can only conclude that it is largely a matter of discipline. If this be a correct conclusion, then let us look around and see whether such a situation is an advance in technique or a survival of some mediaeval practice. In the factory, and in industry generally, we do not use such disciplinary measures: they were never satisfactory, and have been discarded by modern industrialists.

The question then naturally arises: Is there then something about those engaged in this profession so different that a form of discipline is necessary? I cannot conceive this to be a fact, and suspect that, if the in-

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ference that such practices are of a disciplinary nature is correct, than they are merely survivals of some practice coming down from antiquity, and continued merely because they were there, and in common use, and not because they were justified.

Scientific management, in nursing or anything else, must cold-bloodedly analyse for truth, and there is nothing about its technique that cannot readily be used and applied to either the nursing or medical professions in connection with hospital or home nursing practice. In the United States the movement is growing for a broad cultural training as a background to the nursing profession. Instead of just going into the hospital at a certain age, and with the necessary recommendations as to moral character, general education, etc., a six-year course at an established university or college, ending in the conferring of a degree, is being established. I suspect that in a few years such a training course for nurses will be quite general, and I speculate as to whether the output of such university courses will be inclined to accept without criticism a system of operating control which places a highly intelligent technician in the role of a menial.

In discussing this point with one well informed on the subject, it was mentioned that during the probationary period, an effort was made, by having the student nurses scrub floors and so forth, to test their stamina, physical strength and so on. Again I emphasize that industry has discarded such practices, and if my informant's information is correct, it becomes a charge against the medical profession for failing to utilize the very means which give them such high standing in the community; that is, the establishment of carefully determined physical standards for all candidates for the profession, the most rigid physical examinations to uphold those standards, and the use of the most advanced psychological and psychiatric tests to ascertain the fitness of the candidate for the profession. These tools of the medical profession can and must replace the trial and error methods of indiscriminate selection, disciplinary training and what not during the probationary period.

In the factory we try to avoid unnecessary movement back and forth. It is confusing, tiring, and wasteful, I wonder how many studies have ever been made of the movements of a nurse in a hospital, and I would offer it—merely as a suggestion—that those of you who are interested in this subject, should some time set up a comparison chart, with little pins and coloured strings, and record on the chart just the ground traversed by nurses during a typical day, and then try re-routing to shorten the path, employing another coloured string for this purpose, and testing and trying half-a-dozen different plans. Then pull out the strings, and compare their length, and see what the possibilities are in the way of reducing the extent of travel and the consequent fatigue. And of course, if an appreciable reduction in distance travelled can be made, the time saved is an important factor as well.

Having made this preliminary investigation of such a simple thing as the ground covered by the nurse in her daily work, it would be a logical thing to start a small planning board such as we have in the factory, on which spaces could be marked out to represent rooms or wards or patients, and on which could be planned in advance the routine things such as meals, baths, changes of bandages, operations and so forth. Obviously the non-routine nursing, and that requiring the constant attendance of a private nurse, would have to be handled in a different way.

I remember a personal experience in a hospital very well, though I was only there two days. It was a very

high-grade one, but the planning was so poor that things were never done twice alike or at the same time, and in some cases not at all. I suspect it was understaffed, but the waste effort alone would have made up for this, with something to spare. I have heard similar complaints repeatedly. It is not uncommon to hear the public generally speak most highly of the wonderful surgical and medical care, the fine nursing service and the pleasant hospitals, but with that distressing word "but" . . . injected into the conversation. This "but" is usually a reflection on operating efficiency. It is rarely the fault of individuals, and probably never one of intent. But this does not excuse the efficiency that poor planning will cause in the hospitals or the home just as it does in the factory. And if we can plan routine functions, we can also plan other things—for example, we can plan operations. You will answer right away that you do plan them, that they have to be planned, and planned very carefully—and this is undoubtedly true. I had an operation that was planned; it was to come off at nine o'clock. At half-past eight I had a "shot" of morphine; at ten o'clock the plans had not yet been realized. At 10.30 I had another "shot," because they were going to be realized, and the effects of the first had worked off. At half-past twelve the doctor showed up. This was not the fault of the nurse—probably not of the doctor; but there was a lack of co-ordination and planning somewhere which had its bad effects—on my nerves, at least.

But if we plan carefully for operations, can we not also plan standard operating-room lay-outs?

Not knowing too much about the subject, I am without bias, and in my ignorance can see no serious objections to making a lay-out, as we do in the factory. Suppose, for example, that for an appendectomy Dr. Jones wants Nurse No. 1 here and Nurse No. 2 there, the patient in another place, and the light just so. Of course the instruments must be convenient, as well as the place to rest them, or the nurse to whom they are to be handed after use.

A certain surgeon's technique is probably so perfect that you can time study him, and lay down a very accurate instruction card which would tell his sequence of movements, the tools used, and the time taken. This is, I will grant, an exaggeration, but in the main, as to the tools and positions, and sequence of movements, it will not be far from the standard. I have been told that the standard method of Dr. Jones is not far from that of Dr. Smith, and that certainly, so far as the lay-out goes, they could be practically identical, especially if the surgeons will try the experiment and, like the factory worker, be willing to adjust themselves to useful, scientific planning, without loss of personality, individual technique, etc.

Would it not be interesting for the nursing profession to study this in consultation with the surgeon, starting with just one type of operation —take appendectomy, for example. Make an international lay-out, the table here, the patient there, and call it standard set-up No. 1. Then make another No. 2. Possibly this would do for this particular operation. Suppose that this can be done, and Dr. Smith were to be called from France to perform an operation in Switzerland. He would wire in advance for set-up No. 1 or No. 2, and would know just exactly what he was going to find on arrival. Not knowing enough about the difficulties to feel any fear of its success, I can see in it real possibilities that would be of inestimable value to the surgeon, and increase the effectiveness of the nurses.

My next thought probably will not please the surgeon. It is a part of the Gilbreth technique, resulting from a study which both Frank Gilbreth and Mrs. Gilbreth made some years ago, and which they felt then,

when Mrs. Gilbreth was still with us, and which Mrs. Gilbreth still feels, had real possibilities where language difficulties exist. Suppose that a simple sign manual could be devised, so that a doctor could call for any instrument by a signal with his hand, instead of having to make violent gesticulations, or give loud orders, or mumbled commands. Would this not greatly facilitate work in the operating room, and enable the physician to feel less need for one particular nurse who was so experienced in his technique as to be able to anticipate his needs? Then, too, the sign manual can be international, and automatically remove all language barriers. Yes, it is looking ahead, but I venture the guess that an enquiry would show many surgeons using it to some extent now. Nothing is gained by the mere acceptance of a situation as it is, when the world is being developed by those who will not accept the situation, but constantly seek to establish a new and better one.

Many of you here who may be able to think back as far as I can, can remember the day when the hospital bed was a thing of iron and springs, to be made as cheaply as possible and with a thought only to the comfort of the patient. The patient's comfort should be the primary thought; but later developments have shown that the patient can be just as comfortable on a bed three feet from the floor, as one a foot from the floor; so today hospital beds are being designed with a thought to the nurses. Convenience in making the bed, in moving the patient, in feeding and bathing, have all been built into the modern hospital bed. Without desiring to cast any reflection upon the medical profession, I wonder if it would have taken so many years for this development had physicians done the nursing!

In the factory, among other mechanisms of scientific management, in addition to lay-out and planning, which I have touched upon, we have the element of stores control, and this I need not develop because it will be obvious to all of you that the hospital can just as well operate a balance of stores ledger as a factory can, and it is of necessity just as interested in low inventories as the factory. The nursing profession, as operating engineers, can well look to the factory for a stores control technique applicable to their own field.

I will develop these similarities further. Take, for example, the problem of personnel management. In the factory we do not select a man to direct personnel activities because he is a good manager or a good workman, or has been in service twenty years, or has grey hair, or is the most gifted talker or the best self-advertiser in the organization—at least, it is being done less all the time. We select him with meticulous care because he is going to deal with the human element, and he must have all the qualities necessary for such an important post. He must of course be sympathetic, honest, straightforward, able, judicious, fair, have a nice appearance and a pleasing personality. I think that in hospitals this is sometimes lost sight of in the selection of superintendents, who not only have the executive function to perform, but are also personnel directors. Much of the success of any industrial enterprise depends upon the morale of the workers, and it is certain that the parallel carries into the hospital staff, and that selection of executives should be based not merely upon their qualities as executives, but their capacity to function as competent directors of personnel.

I see in the nursing profession the possibility of utilizing not only those functions of industrial management that I have enumerated, but many others. For example, job analysis. There is no reason in the world why there should not be careful job analysis for an entire hospital staff.

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The Registry

By OLGA V. LILLY, Montreal, P.Q.

At the annual meeting of the Association of Registered Nurses of the Province of Quebec, a Round Table was held on the subject of "The Registry for Nurses," and many criticisms, favourable and unfavourable, and helpful suggestions were made by those representing respectively the medical profession, the institutional nurse, the private duty nurse and the registry itself. General satisfaction was expressed with regard to the services rendered by the registries but some outstanding problems were evident from the opinions voiced at that time. An attempt has been made through a study of the rules governing the largest registries in Canada and New York to discover how these can best be solved.

We will take first the problems as they were presented from the viewpoint of the doctor: The difficulty of obtaining nurses for the following:

1. Duty in private homes. With hospital accommodation at a premium many very sick patients must be cared for under their own roof.

2. Nineteen-hour duty for patients who were not in need of a day and a night nurse and yet who should not be left for twelve hours without some expert nursing service.

3. Duty that necessitated a nurse remaining with a patient over a holiday season such as Christmas, New Year, and Easter, regardless of the fact that in many instances the patient may not be even convalescent.

4. The less desirable type of patient, location or time of duty.

From the institutional nurse:

1. The difficulty encountered when trying to reach the registrar by telephone and repeatedly being told the line is busy.

2. Failure of the registrar to give exact instructions as to where the nurse is to report for duty when sending her to a large hospital having more than one private ward division.

3. The problem of obtaining adequate night service.

4. The difficulty encountered when two nurses report simultaneously for duty for one patient, e.g., one having been called by the hospital at the request of the patient, and the other having been called by the doctor, who has failed to notify either the registrar or the hospital.

From the private duty nurse:

1. Failure to receive a call though more recently registered nurses have been given cases.

2. The lack of any recognized seniority which would give to those who had nursed for a considerable period of time the right to choose less arduous duty, and to the more junior graduate her fair share of the hard cases.

3. Occasional neglect on the part of the registrar to register nurses for cases when notified, as shown by the fact that nurses after registering have failed to receive a call for a considerable time and upon enquiring at the registry have learned that their names are not on the call list.

From the registrar:

1. The problem of finding work for those nurses whom the superintendents of training schools will allow to graduate but not to nurse their own hospital private patients.

2. The problem of finding work for and dealing with those nurses who are sadly lacking in training in nursing ethics and also with those who are of inferior educational and cultural standing.

3. The difficulty of satisfying all concerned when the nurses make a common practice of registering for or against certain types of patients and definite hours and location of duty.

4. The increasing problem of dealing with those nurses who fail to respond to a call after registering, or fail to notify the registrar when absent from home, or to promptly report an outside engagement, thus causing endless and needless waste of time and effort on the part of the registrar as well as unnecessary distress to patient, doctor, relatives and hospital.

5. Dealing with the nurse who over or under charges her patient.

Let us now see what is being done to cope with these situations as they arise in the leading registries of Montreal, Ottawa, Toronto, Winnipeg, Vancouver and New York, by a brief summary of the rules common to all as well as a few of outstanding differences:

1. Administration of the Registries: Ultimate control is in the hands of a board of directors composed of graduate nurses. The constitution and by-laws of the registries in the cities mentioned are very similar in text but because of considerable variance in the arrangement no attempt has been made to analyze those portions pertaining to offices, duties of officers, times and places of meetings, etc., as such information may be obtained later upon request.

Special Feature: Some registries have what is known as a "Directory" or "Registry" Committee of not more than five members, two of these representing institutional membership. This committee holds meetings monthly or at the request of the registrar and problems and complaints can be discussed and if possible dealt with before the usual meeting of the board of directors.

2. Eligibility for Membership: (a) Nurses must be graduates of accredited training schools giving a general or a special training. Applicants are registered accordingly for nursing. (b) Nurses must be members in good standing of their own Alumnae if any connected with their school.

Special Feature: Membership is given for one year only, the final acceptance is based upon the reports of the nurse's work during the first year.

3. Registering for or against certain types of patients, location and hours of duty is considered to be a perfectly legitimate practice.

Special Feature: During the first year all calls (excepting for mental or contagious cases) must be accepted.

4. Notifying registrar if away from residence when on call; communication is compulsory.

Special Feature: Communications must be made every two hours.

5. Notifying registrar of "outside" call, slight illness or short engagement: Notification is compulsory.

Special Feature: In the event of illness a nurse may keep her place on the list for 48 hours.

6. Response to Calls: Must be prompt, no refusals unless for reasons satisfactory to the registrar.

7. Fee Regulations: Fees are stipulated by the registry. The rules govern:—Ten or twelve-hour duty; Nineteen-hour duty; Hourly nursing; Operations; Violent cases (mental, alcoholic, drug); False calls; Extra patients on one engagement; Travelling expenses; Undercharging; Overcharging.

8. Penalties for breaking any of the rules are varied according to the seriousness and the frequency of the offence; in some cases a printed warning precedes enforcement of the rules, in other cases there is no warning beyond the nurse receiving a copy of the rules and regulations when first admitted to membership. Penalties are as follows:—(a) A fine of fifty cents. (b) Name dropped to bottom of list. (c) Being suspended from the registry for from one week to two months. (d) Removal of name from registry only to be reentered upon payment of a fine (varying from $5.00 to $10.00) and

then at the discretion of the board of directors.

9. The Registrar's Records: All necessary business files and records. Nurse's records regarding training school, year of graduation, institutional positions held, special training, etc.

Special Feature: Records regarding the nurse's personality, appearance, efficiency, adaptability, reports of service, all calls given, refusals of calls and reasons, personal preferences for certain types of patients and in fact any personal information considered of use to the registry.

10. The Calls: The nurses are to receive calls in the order in which they register excepting where a certain nurse or one from a named hospital or one specially suited to the type of patient is asked for.

Special Features: (a) Some registrars obtain full information for the nurse regarding the case so that she may know what to expect in her patient. (b) Some registrars send daily to the hospitals a list of nurses on call, these are posted in the doctors' room so that they may, if they wish, choose their own nurses. (c) When two nurses are called on a hospital case, and only one nurse is required, the patient shall have the right to select the nurse who is to take the case.

From the opinions heard during the general discussion which followed the reading of this paper it was clearly evident that the problems enumerated were real ones and worthy of deep consideration on the part of all concerned in order to solve them satisfactorily. This, it was agreed, could best be done by a committee formed from members of the four bodies previously mentioned to whom complaints and suggestions might be sent in writing and who should meet periodically to discuss and correct the difficulties, thereby contributing not only to individual but also to mutual interests.

Immunity

By Dr. FRANCES G. McGILL, Department of Health, Regina, Sask.

Theories of Disease

Probably one of the earliest notions of the cause of disease was a belief that an evil spirit or demon entered into or possessed the body of man and there wrought various ills. This is the belief still widely prevailing among the savage tribes and this demonistic conception of disease still finds expression in the practices of their medicine men and wizards. Two modes of treatment are possible: the spirit may be lured out by propitiatory sacrifices, promises, etc., or he may be forcibly evicted by powerful charms, beating of drums, or by beating or abusing the body of the patient. Examples of both methods of treatment may be found among the savage tribes.

As civilization advanced the demon or evil spirit theory lost ground and was superseded by the Hippocratic theory, called after Hippocrates, "the father of medicine." This was the dominant theory all through the middle ages. According to this theory the body contained four humours: blood, phlegm, yellow bile and black bile. Health consisted of a proper mixture of these four humours; disease occurred when the balance was disturbed. The efforts of the physicians were directed towards keeping the humours in their proper relations to one another. This theory held sway

(Read before the annual meeting of the Saskatchewan Registered Nurses Association, April, 1927.)

for a long period and was followed by others more vague and unsatisfactory.

At last, after centuries of vagueness and confusion of theories, emerged the definite germ theory of disease. The germ theory of disease developed from the germ theory of fermentation and owed its origin to Louis Pasteur (1822-1895), all within the last hundred years. In 1876, only fifty-one years ago, it was proved without doubt that the anthrax bacillus found in the blood and internal organs of cattle dead of this disease, was the cause of the disease. This was the first micro-organism to be proved definitely to be the cause of a disease. Since then the causative organisms of many diseases have been found and it is an indisputable fact that such diseases as tuberculosis, typhoid, cholera, anthrax and tetanus are due to germs.

When pathogenic micro-organisms gain entrance to the body and give rise to disease the process is spoken of as an infection. Disease is the reaction between the body and the invading organisms. The mere entrance of pathogenic micro-organisms into the body does not necessarily cause an infection. The opportunities for such entrances are so numerous and the contact of the body with the germs of disease so constant, that if this were true, human life would be extinct. Pathogenic organisms are more or less constantly present in various parts of the body, such as the mouth, throat, nasal passages, eyes, intestines, etc. Diphtheria germs are frequently found in the throats of otherwise normal people and apparently healthy individuals may have pneumococci in their mouths or carry typhoid bacilli in their gall bladders. The body must possess some means of defense which disposes of or prevents pathogenic bacteria from causing disease. This means of defence or resistance to infection is known as Immunity.

The power of resisting infection may be the natural heritage of a race or species and is then spoken of as **Natural Immunity.** It may, however, be acquired, either accidentally or artificially during the life of the individual and is then known as **Acquired Immunity.** For example, most human beings are susceptible to smallpox and typhoid but may be immunized through vaccination.

Natural Immunity: It is a well-known fact that many of the infectious diseases that commonly affect man do not occur in animals, e.g., typhoid, syphilis, cholera, leprosy. Conversely, many diseases of animals do not attack man. Flesh eating animals are immune to many of the diseases of herbivora: such as tuberculosis, glanders, anthrax and cold. The factors which determine this natural immunity of species are not clearly understood. The temperature of the body, the diet and body metabolism may account in a great part for it.

Just as differences exist in the natural immunity, or conversely, the natural susceptibility of species, so the races or varieties among the species may show marked differences in their susceptibility or resistance. American Indians, Eskimos, and Negroes show a greater susceptibility to tuberculosis than do the white races, while the Negro shows a greater immunity to yellow fever. Jersey cows are much more susceptible to tuberculosis than Holsteins. Field mice are highly susceptible to glanders and house mice are almost completely immune.

Again we have an individual difference in natural immunity in members of the same family. Members of the same family, exposed at the same time, under the same conditions, show great differences in susceptibility. In an epidemic of typhoid due to an infected water supply where the bacteria are more or less uniformly distributed, all water drinkers even in the same household do not contract the disease. This is due to differences in individual immunity. Individual resistance may be lowered by

fatigue, malnutrition, prolonged exposure to extremes of heat or cold, oxygen starvation or overwork. Chickens ordinarily immune to anthrax may be infected if exposed to intense cold. Frogs, cold-blooded animals, also immune to anthrax, may be infected if the body is heated.

Acquired Immunity: Acquired immunity may be either active or passive. Active immunity is due to the direct participation of the organism concerned and is due to increased cell activity induced by or as a reaction against some bacteria or toxins which have gained entrance to the body.

Passive immunity, on the other hand, involves no active participation of the immunized individual. He is simply the recipient of some substance formed in the body of another animal. Diphtheria antitoxin is prepared by immunization of a horse by giving increasing doses of diphtheria toxin. The horse develops an active immunity by the action of its body cells. When a human being is exposed to diphtheria the antitoxin prepared by the horse is injected and causes a temporary passive immunity. From the standpoint of preventive medicine, active acquired immunity is the most important form. Passive acquired immunity is quickly acquired but is temporary, and it is impossible to immunize all those recently exposed to infection as it is impossible to know who have been exposed.

Many theories have been advanced as to the method by which acquired immunity is produced in the body. One theory, known as the exhaustion theory, was that the micro-organisms living in the infected body used up some substance essential to their existence and that by lack of nourishment they were destroyed. Another theory was that the invading organisms produced some substance in the body that eventually destroyed them. This was known as the retention theory. It is now known that the infected body itself produces protective substances that neutralize the poisons of the bacteria or act directly on the bacteria themselves, causing dissolution or agglutination or some other destructive action. It is known that there are many different antibodies, as these substances are called.

Active immunity may be brought about in many different ways but until recently the only known way was by having an attack of the disease. This means of acquiring immunity has been recognized for centuries, but it was left for Louis Pasteur to show the possibility of preventing disease by producing immunity without danger to the immunized. His first discovery was made accidentally during experiments with chicken cholera. The failure of chickens to die after inoculation with an old culture of bacilli which was virulent a few weeks previously was the starting point for a long series of investigation from which we derived methods of immunization against many of the diseases of man and animals, such as typhoid, cholera, anthrax.

Active acquired immunity may be brought about in various ways. Attenuated cultures or cultures of lowered virulence may be used, as was discovered by Pasteur in his experiments with chicken cholera. In this way sheep and cattle are immunized against anthrax. Attenuation of bacteria may be produced by growing at a higher temperature than is best suited to them, or by growing in the presence of weak antiseptics or by heating the grown cultures at 55°C. for a few minutes. The injection of attenuated cultures may be followed by injection of fully virulent cultures as is done in vaccination against anthrax.

Active immunization may be produced by sublethal doses of a fully virulent organism. This method is not much used. It may also be brought about by the use of increasing doses of dead bacteria. This method is extensively used against

typhoid fever, cholera, and plague. This vaccine, as the preparation is called, does not in itself produce the immunity but stimulates the production of an antibody by the body cells. Again, active immunity may be brought about by introduction into the body of poisons produced by the bacteria. In this way antitoxin for tetanus and diphtheria are produced in the horse and used for passive immunization of man, and also for neutralizing the toxin present in actual cases of the disease.

Of recent years active immunity to diphtheria has been produced in human beings, especially children, by the use of diphtheria toxoid. This is a preparation of diphtheria toxin which is injected into the body and promotes the formation of antitoxin in just the same way as the antitoxin is produced in the body of the horse.

(Concluded from page 571)

I can think of no reason, either, why nurses, dietitians, etc., should not be selected to meet the requirements of the job along the lines that I have mentioned earlier in this paper. I see no reason why careful time studies should not be made, with a view to lessening the labour and increasing the effectiveness of the nurse and those functioning in other ways in the hospital: not to circumscribe them with standard procedure and mechanical routine, but to aid them in the more efficient performance of their duties. I can see no reason why the study of movements should not be undertaken, and why rhythmic habits could not be established, in relation particularly to bathing, massaging, moving and soothing the patient—standardized to a large extent. Why should a patient prefer to have Miss A. always handle her? Has she a particular rhythm that makes the patient have less pain? The patient's answer is "Yes." Then study her movements, film them, build a standard practice, instruct others until rhythm is automatic, and the entire staff will be acceptable. And there can be international studies leading to international standards.

The use of the engineering approach to your problem holds the answer—the solution—and it is this approach that I have so briefly touched upon in this paper. You can use it to your advantage.

Flora Madeline Shaw

A TRIBUTE

The loved and loving sister and friend who died while shadows still were falling towards the West.

She had not passed on life's highway the stone that marks the highest point, but being weary for a moment she lay down by the wayside, and fell into the dreamless sleep that kisses down her eyelids still. While yet in love with life and filled with all the enthusiasm of service for others she passed to silence and the unknown beyond. She sided with the wronged and weak, ever ready to uplift and succour the distressed, and with loyal heart and with the purest hands she faithfully discharged her manifold trusts.

She added to the sum of human joy, and were every one to whom she did some loving service to bring a blossom to her grave she would sleep beneath a wilderness of flowers.

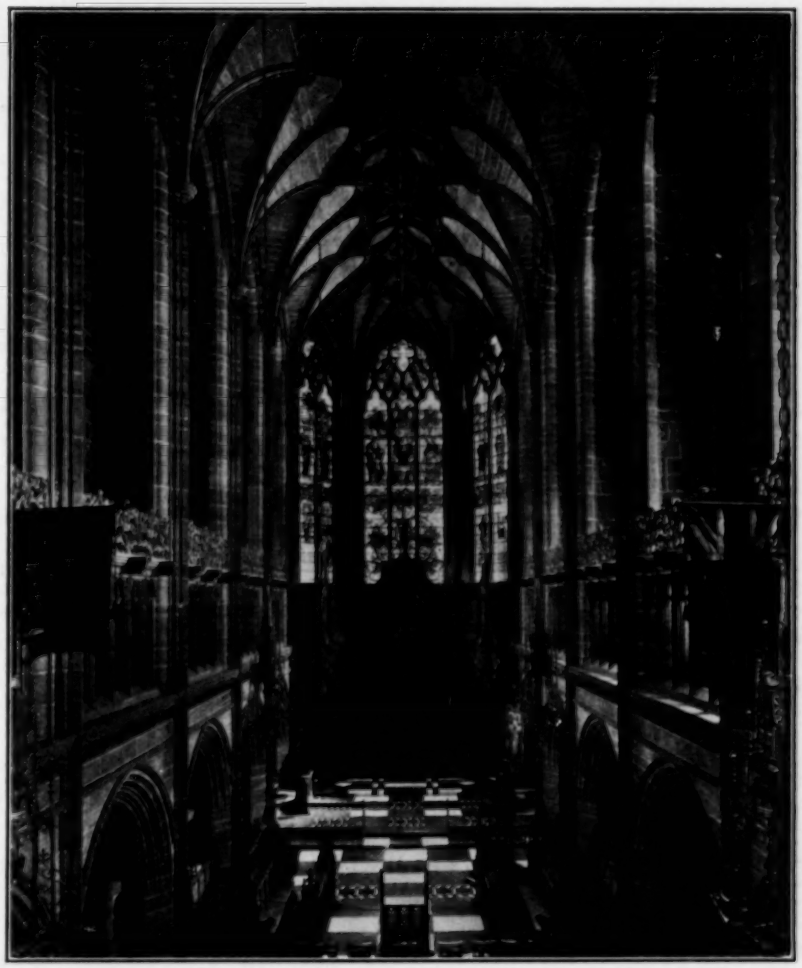
I have no doubt but that similar sentiments will be oftentimes expressed by many with respect to our departed friend, but may I venture to say that to us—the Nurses of Canada—Flora Madeline Shaw stood for something more. She was our guide and adviser and had attained the highest honour Canadian Nurses could bestow. Her life was an inspiration, stimulating each and all of us to broader, higher and nobler ideals in our profession.

Although her presidential term was without warning suddenly ended—because her life was pure and without taint her influence will ever live in our hearts and lives.

And now that she has passed to the great beyond, to that unknown land over whose boundaries it is not given to man to catch even a glimpse, might we not use these lines of Kingsley's to express the message of her life:

Do noble deeds, not dream them all day long,
And so make life, death and the vast forever
One grand sweet song.

LOUISE M. DICKSON, MONTREAL.



LADY CHAPEL, LIVERPOOL CATHEDRAL.

A reproduction of a photograph of the Lady Chapel of Liverpool Cathedral, in which on September 1st there was held the very impressive memorial service for Miss Flora Madeline Shaw, president of the Canadian Nurses Association. The original, a most exquisite piece of photographic artistry, 11" x 9¼", now hangs in the National Office at Winnipeg. The members of the Association are deeply grateful to Dame Maud McCarthy who in her kindly thoughtfulness presented the photograph to Miss Florence H. M. Emory, who represented the nurses of Canada at the memorial service in the Lady Chapel.

Second Biennial Conference, World Federation of Education Associations

By RUBY M. SIMPSON, Regina, Sask.

The World Federation of Education Associations was organized in 1923 when educators from all countries of the world met in conference in San Francisco, California, to consider the international aspects of education, looking toward developing world friendliness and neighbourliness among nations as a means of bringing peace to the world. The first meeting following organization was held in Edinburgh, Scotland, in 1925, and Canada was honoured when Toronto, Ontario, was chosen for the second biennial conference in August, 1927. Thus, in the splendid buildings of the University of Toronto, 4,000 delegates, representing 30 countries, met for six days to study in detail all phases of education. The meetings for the most part were in English, although many languages were heard in the groups crowding the halls and lounge rooms following the sessions. Throughout the whole conference could be noted a sincere desire on the part of the delegates to take back with them to their home country not only the matter but the spirit of what other countries are doing in educating their youth to make better and more peace-loving citizens. Of the many topics comprising the programme several are of particular interest to nurses.

Health Section

At the opening meeting excellent addresses were given by Professor Clair W. Turner, Massachusetts Institute of Technology, Cambridge, Mass., on "The Training of Leaders in the Field of School Service," and by Miss Charlotte Whitton, executive secretary of Canadian Council on Child Welfare, Ottawa, Canada, on "The Training of Health Leaders for School Service in Canada."

The tenor of Professor Turner's address was toward the training of the teacher as the person to teach health in the school. Keeping children well, he said, would be the first duty of the future school; children should be taught the habits conducive to health and long life. He believes provision should be made for the health training of teachers to give them a knowledge of disease prevention and to help them understand their responsibility towards the health training of the school child. School physicians should have training in pediatrics and child psychology; nurses require public health training, a knowledge of children and an understanding of the families and home conditions from which the children come; dentists must appreciate the fact that the school health programme is prophylactic rather than remedial. All must contribute toward the health education of the school child; but to the teacher, Professor Turner believes, falls the task of seeing that the health services operate and function properly.

Miss Charlotte Whitton in her address pointed out the danger of school work being detached and isolated from the regular child health and community programme. This, she said, should be avoided. Miss Whitton felt that the possibilities of leadership from the parents and the children themselves was being overlooked, and put forward the suggestion that the time had arrived to enlist parents and children as well as physicians, nurses and teachers in the campaign to promote health. The importance of proper training of teachers, doctors and nurses for health work in the schools was stressed.

Two full sessions were devoted to the subject of "Methods in Health Education in Elementary, High Schools, and Universities," and school health programmes for many parts of the world were presented. Mr. R. C. Jones, superintendent of schools, Cleveland, Ohio, justified the inclusion of health in the school curriculum from an economic point of view as well as for its personal and community value. Emphasis was placed on the practical aspect of the presentation of the subject and on the need for formal as well as incidental instruction.

Miss Ruby M. Simpson, director of school hygiene, Saskatchewan, in outlining a health programme for rural schools, cited the training in health matters of all student-teachers as the fundamental basis of such a programme. Attention to the hygiene of the rural school building was stressed as well as plans suggested for a school health service through the doctor, teacher and nurse. A course of study was worked out to show the development possible through the primary, intermediate and senior grades.

Dr. Iva M. Miller, associate director, Council of Health Education, Shanghai, China, described in a most interesting paper the low standard of health of the people of China, the poor living conditions and the great susceptibility to contagious diseases. Discussing the need for a health programme, she described the work of the "Council on Health Education" and the efforts made toward securing correction of physical defects among children and toward preparing teachers for health service.

Mr. J. G. Moore, superintendent of schools, Fargo, North Dakota, outlined the work accomplished through the American Child Health Association Demonstration, begun in 1923, to continue for five years. The Parent-Teacher Association was emphasized in connection with the promotion of school health work.

Miss Grace Powers, instructor of hygiene, University of Porto Rico, Porto Rico, described the plan adopted in that country with regard to training the future teachers in health education. The unhygienic mode of living of the native inhabitants, the poor diet and the prevalence of hookworm make the problem of improving the children's health a very great one. It is chiefly upon the teachers that the education of the children in health matters must rest. Therefore, courses in personal and community hygiene, nutrition, etc., are provided in the teacher-training institution and each student is given two or three children for whose health maintenance she is responsible. Each student teacher is given a thorough health examination.

Dr. Chas. J. Hastings, of the Department of Public Health, Toronto, spoke on the medical, psychiatric, dental and nursing services provided in the public schools of that city. Out of the original "medical inspection" for the control of communicable disease has evolved this fuller service in which the fully trained public health nurse is the chief factor. The nurse not only makes contacts in the school with pupil, teacher and home and school club, but does invaluable work in her follow-up visits in the home. The importance of winning the intelligent co-operation of the parents, by having them attend the routine or special physical examination of the child, was stressed. The mental health as well as the physical must have consideration, and here the psychiatrist aids by examining the children and recommending them for special classes or special home care.

Miss Ethel Perrin, Health Education Division, American Child Health Association, spoke on the service of the Physical Educator. Play is a great factor in health, since it aids in the development of physical and mental powers and the use of the leisure hours. Play activities should be considered from the point of view

of value as health factors, the value of skill acquired, and the amount of interest and satisfaction obtained.

Dr. Dennis Janossy, Hungarian Ministry of Education, described the health programme in the Hungarian schools. There, too, the teacher is being trained to carry on a health programme in the schools and emphasis is placed on the fact that teachers must set the example in health habits by their own mode of living.

To the discussion of "School Health Activities of National, Health and Educational Organizations" a full session was allotted. Dr. Elizabeth Kemper Adams, educational director, Girl Scouts, Inc., U.S.A., outlined the Girl Scout health programme. She spoke of the enormous educational significance of the hours of leisure and play. The adolescent girl is in school six hours a day and she has from three to five hours a day with which to do as she likes. The solution of the problem of the use of such leisure is important. The Girl Scout programme is a means of helping to deal with this problem with the growing girl. The activities are planned to supplement rather than interfere with school work, and correlation between scout interests and the school is being developed. The speaker dwelt particularly on the health programme of the organization, which fosters the promotion of health and seeks to make health activities interesting.

Miss Anne L. Whitney, acting director, Health Education Division, American Child Health Association, New York City, spoke on the subject of "Evaluating the School Health Programme."

What is to be desired is the provision of opportunities and conditions which will permit of the fullest development of the child. Health is recognized as one objective of school education. She spoke of the phases through which health education has passed until today the school health services aim to promote the health of the child, the emphasis having shifted from alleviation to prevention.

After mentioning the difficulties involved in securing accurate data for the measuring of the results of health activities, Miss Whitney elaborated a piece of research which is being entered into by the American Child Health Association, by which they hope to be able to make a comparative estimate of the health conditions existing among the school children of seventy cities in the United States. This study when completed may form a basis for evaluating the various school health activities and should indicate where emphasis need be laid.

Miss Julia Wade Abbott, member of the Advisory Educational Group of the School Health Bureau, Metropolitan Life Insurance Company, stated that, following up the idea that there is necessarily a close relationship between the prolongation of life and a health education programme, the Metropolitan Life Insurance Company has entered the field of issuing health literature. Much of this literature is suitable for use in schools; for example, their series of booklets on Health Heroes, dealing with the lives of such men as Pasteur, Jenner, and Trudeau. Miss Abbot spoke of the necessity for finding colorful material to present to children and of the need of studying how to put before children such things as are common to all mankind.

Miss Julia Tappan, director, School Department, Cleanliness Institute, New York City, described the work of the Cleanliness Institute, a research and educational organization formed by a group of soap manufacturers and staffed by professional workers. This institute deals with the use of cleanliness in the health of people. It issues a series of publications with material useful for health teaching in every school grade.

Miss Aubyn Chinn, nutrition director, National Dairy Council, Chicago, Ill., explained the activities of the Dairy Council, particularly with reference to Health Education. Organized in 1919, there are now 175 workers associated in this work. In 1926 fifty-three per cent. of their time was spent in schools, giving stories, planning plays and showing pictures. They find a growing demand among teachers for help of this kind from the field staff. Similar work is done among clubs of high schools and colleges. Stories, plays and posters are planned for each age group.

Handicapped Children

Dr. S. B. Sinclair, Ph.D. (Inspector of Auxiliary Classes for Ontario), was in charge of this section, which is the newest unit in the Conference, this being its first appearance. The Mentally Handicapped Child was discussed at the first session with a view to obtaining information on the practice in various countries of the establishment of classes: the name used, the type of school, etc. The general opinion is that the teacher is the crux of the whole problem, requiring as she does a wide sympathetic knowledge of the subject and of the child's whole environment, as well as previous training and experience. The rural areas present great problems in the solution of which a travelling teacher was suggested.

Miss Imogene Palen (Instructor of Lip Reading, Public Schools, Toronto) spoke on the special classes for children who are hard of hearing. Miss Palen drew attention to the fact that, while children who are deaf mutes are cared for in institutions where they are taught to become useful, self-supporting citizens, the children who are hard of hearing are being neglected in Canada. This class of children is considered of great importance, for they are forced through this handicap to live only in a world of sight. This often causes them to appear inattentive in class. With the special training in lip reading, the world of sight and sound are combined.

Miss Palen considers that a teacher equipped to teach lip-reading combined with defective speech correction will obtain better results with her pupils. Unfortunately, there is a shortage of these specially trained teachers, both here and in the United States.

Behaviour Problem Section

Dr. Dorian Feigenbaum, of Vienna (Assistant in Neurology, Vanderbilt Clinic, New York) spoke on "Psychological Problems of Childhood and Youth and their relation to Education."

The old conception of the educator as merely the instrument for the learning of the three "R's" must be considered incomplete. The educator today studies the child's psyche —the sum of mental facilities and the qualitative readiness to reactions— in order that he may prevent retardation and disturbances of development. This can only be achieved through the use of Depth Psychology which stresses unconscious manifestations of the mind. Formerly the child was treated as though its manifestations were motivated only by conscious intentions, good or evil. Now, instead of being upset by the child's laziness or stupidity or unproductivity, he thinks of the common, usually unconscious, origin of all these manifestations which stand in the way of progress. He seeks more adequate and direct handling of difficulties and, in seeking, obtains knowledge of his own handicap. The best preventive, then, against pedagogical mistakes and consequent injury to the child is, first, a knowledge of the child's fundamental unconscious needs and cravings, and second, an analysis of the educator himself.

Nursery School Section

Dr. W. E. Blatz (University of Toronto, Toronto) described the Nursery School as having a philosophy of education which does not teach

but helps children to learn, directs but does not try to supplant, interfering as little as possible. Behaviour problems arise with the child of two years. The kindergarten, taking the child at five years, does not fill the need for teaching in the early years. In Canada there are only two nursery schools, with accommodation for thirty-six children. In the absence of nursery schools, every kindergarten teacher should have a greater knowledge of child psychology.

In discussing the topic "The Pre-School Child Enters School," Miss Lucy Wheelock (Wheelock School, Boston, Mass.), urged more emphasis on pre-school education. There is no boundary line between nursery school and kindergarten. To encourage the nursery school is the fundamental responsibility of the kindergarten. The pre-school age child may be taught habits of health, the group play spirit, and may be given an opportunity for creative self-expression.

"The Emotional Life of the Pre-School Child" was discussed by Miss Helen Keens (St. George's School for Child Study, Toronto). Many emotions which cause malady in later life might have been averted if control had been learned in early life. In one hundred and seventy-five episodes of emotional character noted, anger was found predominant, with hurt, fear, and self-tendency following. The time of such upsets was usually in the morning hours of the mid-week. Regular habits of hygiene were found to tend toward control.

In "The Development of Personality in Pre-School Years," Mrs. Sidonie M. Gruenberg, of the Child Study Association of America, New York, stressed the importance of the peace and security of the home, on the place of the child in the family group, the attitude of children to one another, and the attitude of parents and teachers to the child, as factors making a strong impression on the emotional life of the child. The speaker urged that natural capacities be developed, injuries from fears and superstitions avoided, and care taken that the emotions of adults be not allowed to colour the emotions of the child.

Parent-Teacher Section

In the opening address Mrs. Reeve (President of the National Congress of Parents and Teachers, Ambler, Penn.), as chairman of the group, outlined briefly the organization of thirty years ago. A young mother in Georgia called together other young mothers to discuss the problems of childhood. In 1904 the small beginning had grown to the Congress of Mothers whose ultimate aim was to establish Parent-Teacher Associations.

Mrs. Edward C. Mason (Vice-President, National Congress of Parents and Teachers, U.S.A.) spoke on "The Need for Home and School Co-operation." The home and school are the foundation of the child's life. We want all children to take care of their bodies and to protect them, to respect the rights of others and to choose careers suitable to their individualities.

Mrs. Becker (Executive Secretary, Ontario Federation of Home and School Associations, Toronto) based her remarks on the "eternal triangle": the parent, the school and the child. The newer developments of this age must be met by the children, and parents as well as teachers are responsible for the promotion of education.

Miss Tsoa, of China, told how groups of parents are working together in the interests of their children and their schools.

Mrs. Lefroy (Parents' Education Union, London, England) outlined a study course carried on for parents and children through correspondence and loan libraries.

Mrs. Beers, Hawaii, described work being done for mothers through free

lessons in pre-natal care, sewing, diet and the preparation of food.

Mrs. Walter H. Buhlig (President. Illinois Congress of Parents and Teachers) discussed the movement as it affected the home. Parenthood is worthy of recognition as a profession and men and women should be trained for it. The training of children is the responsibility of the home, the school and community contributing their share. The home should be the centre for teaching observance of the laws of health, society and citizenship. There is a tendency to place the responsibility of the child's education wholly on the school. To assist the parent, study groups are valuable—reading courses, special classes for spiritual and religious training where the fundamentals of the deeper virtues are stressed. Parents must set a good example since a child reflects his environment.

Miss Murphy (Elizabeth McCormick Memorial Fund, Chicago) stated that the health problem is not in the hands of the children but in the hands of the parent. Teachers may teach health habits of which the parents are uninformed. The Parent-Teacher Association must bridge the gap between information and application. The importance of the home in the early years of development was stressed. Supervised playgrounds are excellent in their place, but can not compare with the individuality of ideas built up in the properly planned playground of the home.

Mrs. Newton Magwood (President of Toronto City Council of the Home and School Association) presented an outline of the activities of the Association in Toronto. Organized eleven years ago, the work has grown in favour with teachers, principals and the Board of Education; requests for new clubs now coming from the school staff. Ten new clubs were formed in 1926.

In the joint meeting of the Parent Training and Parent-Teacher groups Dr. W. E. Blatz (University of Toronto, Toronto) discussed the factors influencing the character of the child. If the code of convention surrounding the child is fairly rigid, how can one believe behaviour to be due to heredity and how can one account for different attitudes in different children of one family? From birth, influences brought to bear on the child will explain individual difference except for the factor of intelligence, since the individual is born with a certain intellect which cannot be raised or taken away.

Aside from heredity there are many factors in the home and community in which the child grows up, which will explain his character. Among the most important are the economic factor, the personality, and the atmosphere of the home.

The economic factor often not only means insufficient nourishment but a restriction of emotions, a lack of recreation of parents and child, and over-crowding day and night with disturbed privacy, thus denying delicacy of habits. Again, circumstances may cause irksome economy with enjoyment of food, toys and pleasures, sized up as a matter of budget.

Miss Mary E. Murphy (Elizabeth McCormick Memorial Fund, Chicago, U.S.A.) spoke on "Methods of Educating Mothers in the Health Care of Young Children." In the training of parents there is no crystallized method of education. There is definite need for constructive teaching in the development of the child in proper habits of hygiene, in prevention of disease, in play, and in the emotional and social life.

Methods used are formal and informal, each having an important place. In the formal method, group teaching helps parents to realize their problems and the discussion of common and personal experiences gives gratifying results, while the informal method often accomplishes through survey and participation what formal teaching fails to convey.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
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Case Study

By KATHERINE H. SCOTT, Instructor, Toronto General Hospital

The term "Case Study" implies teaching nursing through a study of the patient as an individual, including all aspects.

A problem in any educational system is to encourage the average student to seek to discover knowledge for himself and to use this knowledge in a practical way. The case method of teaching nurses to teach themselves is an experiment which has been of sufficient value to warrant a closer study of its possibilities.

As the name implies, the student in an organized, systematic way seeks information, records it in such a way that it has practical value to herself and others, and relates all this to the more intelligent nursing care of her patients. This form of learning suggests independent study, though the fullest co-operation must exist between the supervisors, head nurses, the house doctors, nutrition workers and all concerned with the welfare of the patient, to make it of greatest educational value to the student.

It is not possible to determine the influence this experiment may have because of the variability of people. Its great value lies in the fact that the patient is the unit about which all thought centres. The gathering of data in connection with the patient calls the attention of the student to the patient as a member of the community and a member of a family with responsibilities to himself and others which must be taken into account in his present, and what may ultimately become, his future condition. We all agree that an important consideration in the essential preparation of a good nurse is efficiency in carrying out certain technical treatments and procedures with skill and precision (but procedures are only important in so far as they contribute to the welfare of the patient), and this knowledge must of necessity be combined with human understanding, resourcefulness, and the ability to think intelligently.

In introducing a plan of case study into the curriculum certain factors must be considered as basic although the details of procedure vary greatly.

An outline, which should be as broad as possible and include the social, medical, nursing, and preventive aspects, but which will focus the attention upon the main considerations, is essential. The time best suited to introduce these studies is frankly debatable, but it would seem ideal that nurses should follow the progress of patients in this way while they are actually nursing them. Obviously this is not possible unless the studies are made in the junior year when these students are on the wards. Several are of the opinion that the intermediate year is the best time. It may be of interest to discuss a plan for conducting such a course with senior students.

A number of typical cases, chosen because of their educational value, were submitted to the group for selection. The fact that the nurses

decided upon their own case study meant an added interest from the beginning. It was thought advisable in view of the students' background of knowledge and experience, to choose patients who had one or more complications, such as typhoid with pneumonia, a diabetic surgical case, etc., as it meant a more comprehensive survey and brought forth more problems to be considered.

After following the progress of the patient for a period of not less than two weeks when the patient, the head nurse, house doctors, chart, laboratory reports, etc., were consulted, all the nurses who selected the same patient met on the ward. and held a group discussion of the case. Factors that tended to make these discussions a success were the limited number (never more than ten) and the lack of formality. It was felt that larger numbers would tend to foster formality and spoil the freedom which is so essential. These discussions were not unduly fostered by the staff, but the head nurse on the ward and in the operating room, if surgical, together with the instructor, were always present to help in the solution of any problems that might arise. If the case in question required special dietary care, as in anaemia, the dietitian was asked to come and contribute. X-ray plates, if such were of interest, as in patients who were treated for tuberculosis by a series of thoracoplasty operations, were explained by the house doctor. References and articles which appeared in medical journals and nursing magazines, were either discussed or given to the nurses to read.

A very definite effort was made to place the responsibility for these discussions on the students and not to have the discussion hour develop into a class recitation. Patients presenting social problems were chosen. City order patients are automatically under the supervision of the Social Service Department and the social workers were always willing to supply the nurse with any help or information in this respect not available on the ward.

It was noted that students who had had experience and observation in the Social Service Department, the Out Patients' Department and in Public Health Nursing had a very different perspective and a more broad outlook upon the case.

If case study helps to freshen up previously l e a r n e d anatomy, hygiene, preventive medicine, nursing, etc., and revives interest in patients during last year, it would seem that its place is justifiable at this stage. Nor were all the advantages enjoyed by the student nurse group. The head nurses and instructor found each case a veritable refresher course as they too had to study the case most carefully to keep their place with the discussion group, and many viewpoints were presented. Whether the method under discussion will satisfy all needs we cannot tell. "Its great value lies in its possibilities for expansion and growth, for it is in no way fixed or arbitrary."

The annual meeting of the Alberta Association of Registered Nurses will be held on November 21st and 22nd, 1927, in Edmonton.

Reports

I

Report of the Nursing Education Section, New Brunswick Association of Registered Nurses:

Shortly after the annual meeting in 1926 a questionnaire was sent to the superintendents of the eleven training schools in the province. From the returned questionnaire it was found that all desired the Nursing Education Committee to study the question of Training School Records. Several stated that they had been unable to cover fully all subjects suggested in the curriculum.

The committee wishes to make the following remarks and recommendations, based on a study of the results of examinations for registration and the returned questionnaires:—

That more anatomy and physiology, and possibly materia medica, are being taught than the students can absorb; that the text book in use on the former subject goes into unnecessary detail, thus obscuring the important points, and that the committee appointed for the coming year be asked to make further study in regard to the text book now in use.

In regard to training school records the committee recommends that the forms now in use in Ontario be adopted temporarily. These forms are supplied to training schools in Ontario at cost price—$7.00 per 100 sets—by the Department of Health for Ontario. The committee believes that these sets would be supplied to training schools in New Brunswick at the same price, but no definite arrangement was made with the department. The committee realizes that these forms are not perfect but suggests that the most satisfactory procedure at present would be to adopt these forms in New Brunswick training schools and at the end of a year ask for criticism of them by the superintendents in the province.

These forms consist of an envelope system wherein all records of the student and all correspondence with her may be kept in one envelope of heavy paper about 10″x12″. On the outside of the envelope is recorded all general information regarding the pupil: Name, address, date of admission and completion of course, with a considerable amount of space for additional data. All sheets have a blank where the name of the hospital may be entered. There are forms for entering information regarding preliminary education, instruction and examination; summary of practical work, monthly record of practical work, and forms for affiliated courses and general information. A report of practical work is also kept by the pupil herself; in all six sheets and two envelopes in each set. These are designed for the hospital with divided services, but may be used in small hospitals as well. Weaknesses in these records are that the student's health record is very incomplete and that the efficiency record is not satisfactory. In the first case the committee suggests that a form or sheet satisfactory to each superintendent be added; the second is under consideration but the committee feel that at present they have no definite suggestion to offer. In Ontario, where the forms were drafted, a system is now being worked out whereby p u p i l nurses in small schools with undivided services may each keep her own record of number of medical, surgical, etc., cases cared for.

Correspondence has been carried on with provinces where there is inspection of training schools. No detailed plan has been made and it is recommended that the question receive the attention of the committee for 1927-1928.

During the year correspondence from the national office of the Canadian Nurses Association showed that Canada had reached a "cross

roads" in nursing education. The committee was of the opinion that New Brunswick was rather out of the main current of affairs. In order that the nurses of the province would become better acquainted with the opinions of the leaders in the Canadian Nurses Association the council decided to send the convener of the nursing education committee as a representative to attend the joint conference on nursing as arranged by the Canadian Medical Association, which met in Toronto on June 14th, 1927.

II

Report of the Nursing Education Section of the Registered Nurses Association of the Province of Quebec:

Since the annual meeting of the Provincial Association in January, 1927, three executive and two general meetings of the Nursing Education Section have been held. The executive committee is composed of superintendents of schools for nurses, and instructors. The general meetings are attended by all those interested in the education of the nurse, and members of this section include nurses occupying executive positions in hospitals of the province, and representatives from the various public health groups of the City of Montreal.

It was the opinion of the executive committee that this section of the Association should undertake some definite work in connection with nursing education in the province, and should keep itself informed in all matters relating to nursing education in Canada and other countries.

As the curriculum in schools for nurses is at present a subject for discussion and criticism, it was suggested that it might be interesting to find out whether the minimum curriculum for the Province of Quebec answered the present needs of the schools. A committee was appointed to draw up a questionnaire, a copy of which was sent to superintendents of all English schools in the province. A summary was made of the replies received, and it was found that the curriculum met the requirements of only two schools; that with one exception all schools were giving more than the required number of hours in subjects taught, and that only one school was giving less than the minimum requirements. The following suggestions were submitted by those answering the questionnaire:

1. That in the minimum curriculum more time be allotted to teaching anatomy and physiology.
2. That if solutions be included in materia medica, more time should be allowed for teaching that subject.
3. That fifteen hours for physics and chemistry be included as these subjects needed explanation later, when teaching nursing subjects.
4. That twenty-two hours is not sufficient for teaching surgery unless gynaecology is regarded as a separate subject.
5. That hospital housekeeping should be definitely taught.
6. That some time should be given to discussions of nursing problems which arise after the nurse has graduated.
7. That some time should be allowed for quizzes and tests.

This summary was read at the second meeting of the Nursing Education Section in May, and it was moved and carried that a copy of the questionnaire and the summary of replies received be sent to the committee of management of the Registered Nurses Association.

At the request of the Provincial Association, the Nursing Education Committee undertook the work of arranging a programme for an institute to be held in June, at which nursing procedures would be demonstrated. The programme was printed in French and in English and sent with an announcement of the institute to all training schools and hospitals in the province.

One hundred and sixteen nurses registered, many of these coming from the French nursing schools. A keen interest was shown in the demonstrations and many questions re-

garding the various nursing procedures were answered by the instructors in charge of the nurses' demonstrations. Many requests for a similar institute next year were received.

The programme was as follows:

WEDNESDAY

Demonstration at Montreal General Hospital

10-12 a.m.

1. Morning care of patient.
2. Mouthwash tray. Care of fever patient's mouth.
3. Washing the patient's hair in bed.
4. Prevention of bed-sores and methods of making a patient comfortable.
5. Ambulance bed.
6. Preparation of hypodermic injection. Method of giving injection.
7. Preparation of patient for physical examination.

2-4 p.m.

1. Dressing tray. Technique of surgical dressing.
2. Mustard paste.
3. Lead and opium fomentations.
4. Croup tent.
5. Gastric lavage.
6. Preparation of a soapsuds enema. Technique of giving.
7. Hot pack.

THURSDAY

Demonstration at Royal Victoria Hospital

10 a.m.

1. Bed bath.
2. Getting patient up in a wheel chair.
3. Inhalation.
4. Changing the mattress with the patient in bed.
5. Turpentine stupes.

11 a.m.

1. Fowler's position.
2. Leiter's coil.
3. Cold pack.
4. Preparation of an eye for operation.
5. Linseed meal poultice.

2 p.m.

1. Foot bath.
2. Moist boracic dressing.
3. Colonic irrigation.
4. Typhoid sponge.
5. Evening care of patient.

Demonstration at Royal Victoria Montreal Maternity Hospital

3 p.m.

1. Binders used for maternity patients.
2. Prophylaxis and treatment of cracked nipples.
3. Prophylaxis and treatment of ophthalmia neonatorum.
4. Display and discussion of
   (a) Individual equipment for routine perineal dressing.
   (b) Individual equipment for daily care of new-born infant.
   (c) Equipment provided by the hospital for a "District" confinement.

FRIDAY

Demonstration at Alexandra Hospital (Communicable Diseases)

10-12 a.m.

1. Equipment necessary to isolate a patient. Barrier or cubicle.
2. Admission of Laryngeal Diphtheria Case. Preparation for immediate intubation.
3. Discharge of convalescent patient.
4. Disinfection of cubicle after discharge of patient, including linen and mattress.
5. Throat treatment.
6. Ear treatment.
7. Trays prepared for nursing procedures on view.

Demonstration at Shriner's Hospital (Orthopedic Nursing)

2-4 p.m.

1. Application of Minerva Jacket.
2. Double spica plaster bandage for T.B. hip.
3. Making of club foot models for braces.
4. Extensions.
5. Clinic on nursing orthopedic cases.

The programme arranged for the general meeting of the Nursing Education Section included a very interesting paper from Miss Frances Reed on "The advisability of having uniform textbooks throughout the province." The discussion of the paper was led by Miss Louise Dickson, the meeting being in favour of uniformity. Another interesting paper was read by Professor Simpson, of McGill University. His subject was "Teaching" and he referred particularly to the teaching of anatomy and physiology in schools for nurses.

The meetings of this section of the Provincial Association have been well attended throughout the year. At the conclusion of the meetings refreshments were served by the committee, and a pleasant hour spent, when representatives from the various hospitals and public health groups met in an informal manner and discussed their problems.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, P.Q.

Pulmonary Tuberculosis

(Excerpts from an address on Pulmonary Tuberculosis delivered by Dr. A. R. Landry before the New Brunswick Graduate Nurses Association.)

Until 1920 pulmonary tuberculosis caused more deaths in the United States than any other single malady. Until then probably one-seventh of all deaths, or about fourteen out of every hundred, were caused by it as against ten per cent. today. Pneumonia, diseases of the heart and blood vessels cause more deaths at the present time than pulmonary tuberculosis, with cancer pressing it for third place.

From these statistics we can certainly take for granted that there is a very great number of people afflicted with pulmonary tuberculosis who will never succumb to the disease, and if we add to this the number of those in whom the disease will terminate fatally we can get a fair idea of the ravages of tuberculosis. Add to these figures the fact that possibly every adult shows a scar in the lung or in a gland: the results of a healed tuberculosis infection, and we will get a still clearer idea of the prevalence of this disease. Some medical authority has aptly called pulmonary tuberculosis "the Captain of the Men of Death," and you as members of a profession of devotion have the greatest part to play in meeting that Captain in active combat. But first we must get acquainted with him, learn just how he fights, how treacherous he is, and then we shall be better able to grapple with him.

Many years ago Sir William Osler drew the parallel between infection in tuberculosis and the parable of the sower which, though somewhat hackneyed, illustrates in an effective way the importance of the nature of the ground upon which the seed falls. "Some seeds fell by the wayside and the fowls of the air came down and devoured them": these are the bacilli scattered broadcast around the body, an immense majority of which die. "Some fell upon stony places": these are the bacilli that have lodgement in many of us—perhaps producing a small focus, but nothing comes of it; they wither away because they have no root. "Some fell among thorns and the thorns sprang up and choked them": this represents the case of tuberculosis, latent or active, in which the seed finds the soil suitable, the thorns—representing the protective forces of the body—getting the better of the struggle. "But others fell on good ground and sprang up and bore fruit one hundredfold." Of this group there were 42,722 who died of the disease in 1922 in England alone.

Today public education, tradition and sad experience have taught the human race more about pulmonary tuberculosis than was ever before known. With this greater knowledge and enlightenment has come the consolation that there is relief and cure in a way unknown to our ancestors. Hand-in-hand with the medical and nursing professions, inspired philanthropical and civil authorities, and organized society—equally inspired — have brought about education of the public and have thereby furnished opportunities for aiding in its detection, and opened up the doors of splendid

sanatoriums to receive the sick and give them an organized home during their cure.

Let us not forget the part that the public press has played in promulgating facts and ideas. The fight has been an enormous one and like many other worthy causes has met with opposition and resentment in the usual "unexpected" quarters. The fight must go on and enlightened propaganda must still be spread. You and I and each one of us must in the measure of our responsibilities and opportunities contribute to the best of our abilities in imparting a truer knowledge of how tuberculosis is best detected, and we must maintain and advocate with the great force of conviction the ways and means by which the arrest and "cure" of this dreaded malady can be brought about. The cure of it is not an eight-hour day job, nor a five-and-a-half or six days per week one; nor a case of two hours off each day, if not reprimanded, with a half day off that was as apt to come on a rainy day as on a fine day; but a twenty-four hour job of a seven-day week for a period of months or even years; with no Saturday or Sunday off for social relaxation or for a change of scene, or two weeks a year off for holidays.

It is of the principles that underlie the cure, or more properly the arrest, of pulmonary tuberculosis that I wish especially to speak to you today. Here are certain facts, not faiths, that I wish to impress on you that I hope you will carry with you all your lives: or until such time as modern medicine may modify them. Modern medicine must prevail, and nowhere with more necessity or with greater results than in the treatment of pulmonary tuberculosis. Let there be no scepticism or glaring ignorance within our ranks on the question of the best methods of diagnosing pulmonary tuberculosis and treating it.

The early diagnosis of pulmonary tuberculosis is of prime importance. No medical man can be too conscientious in his examination, nor radiologist nor laboratory expert too thorough in technique. The final opinion is a clinical one and the patient's doctor must accept the full responsibility of co-relating facts and findings and of making them known in the proper quarter that the patient is suffering from active or unarrested tuberculosis, and that such-and-such a type of treatment is necessary. The public must be made to realize by doctor and nurse that the diagnosis of pulmonary tuberculosis, particularly in the early stages, is a most difficult one, and that every opportunity must be given to the doctor to study the case; that expense in the way of a well-ordained examination: such as physical examination, x-ray studies, blood and sputum examinations, temperature recordings, can be of prime importance and are not to be put down as unnecessary or as glaring evidence of ignorance and a desire on the part of the doctor to put the patient to a big expense for nothing. There must be complete co-operation between the patient and the doctor. Mistakes in diagnosis in pulmonary tuberculosis will be few if modern methods are given their legitimate place, and the clinical horse-sense of the conscientious doctor is given a chance.

We have in our midst a travelling diagnostician of highly professional ability, and no one today need delay in obtaining his professional opinion on their case at the demand of their own doctor. No one should be refused the benefit of an x-ray examination because of inability to pay the price. I am pleased to note that our city hospital (Moncton, N.B.) now permits x-ray chest examination at a price that better meets the financial condition of the majority of patients.

Rest, good food, and fresh air are the essential weapons with which to fight the disease, which with but few exceptions can be treated in any

locality, at any altitude, and in any climate to which the patient is accustomed. That is a fact that no longer needs further proof and upon which you can religiously insist. Every patient deserves to have the great truths "rammed home" to him by everyone in contact with him. By giving the patient this new and hopeful outlook courage is sustained and reaction stimulated; otherwise the patient will, by lack of hopeful outlook, be harassed by doubt and fear.

The only specific known for pulmonary tuberculosis is rest; and to my mind, the more that rest is attained to the highest degree, and the more prolonged it is, the better. Plaster of paris, fresh air, good food, and sunlight cure a surgical tubercular joint: let us apply its principles in so far as possible to pulmonary tuberculosis. And let that rest be prolonged long after the activity has quieted down, and until most symptoms have disappeared. There will be exceptions where it is possible to let down some of the barriers under certain circumstances, but let these cases be judged, if possible, by the expert. In cases where you don't know what to do for a tubercular patient, add six months to the rest cure. Let not the idea that the patient needs exercise to give him strength, appetite, good digestion, sleep, or to keep his muscles up prevail with you for one minute.

How long should the rest cure in general last? It is difficult to make set rules as so much depends upon the type of disease, its course, upon the extent of its involvement, and also upon the age of the patient. Go over the mark rather than under it. We must not create undue pessimism or upset too abruptly the general idea that prevails in a community. Rather let us teach our lessons, our great fundamental truths, to individual cases, thus winning their confidence and their friendly co-operation. There are general rules that will serve as guides to you. Only a few cases that present themselves at the doctor's office are incipient cases (minimum cases). At Saranac Lake possibly less than five per cent. are minimum cases; most of the cases are moderately advanced ones, and many —very many—are **advanced** cases. The cure is more or less a routine one, greatly aided and stimulated by contact with fellow-sufferers undergoing the same elements of cure. Discipline, mental and physical, is the biggest factor in the success of the cure, and the same discipline, modified of course, will carry him through his resumed voyage through life. Everyone who becomes arrested goes out from his cure "en parole," for he must never forget that his future health and worth are almost entirely dependent upon avoiding the factors that took him down. Whilst taking the cure he is "hitched," so to speak, and if he wishes to keep cured he must, on his dismissal, stand without hitching.

Long, of the University of Chicago, says: "In education with respect to personal and public hygiene and habits lies the chief means for the prevention of adult tuberculosis. In no field is it truer that pre-warned is forearmed. He who knows that repeated excessive fatigue may lead to something more than repeated transient inconvenience, even to lifelong invalidism—and a short life at that—through the development of tuberculosis, will be less prone to drive his body to the same degree. He who knows that the period of recovery from a severe illness of any sort is a danger time as regards tuberculosis, is more likely to exercise caution in getting back to work than one who knows nothing of tubercular infection and its liability to flare up into disease as the result of strain. She who knows that the period following the birth of her child is a period of lowered resistance to tuberculosis, when a half-healed infection may spread, will be more careful not to overdo than one quite uninformed."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Tuberculosis Hospital and its Facilities for Teaching Public Health

By E. MacPHERSON DICKSON, Lady Superintendent, Toronto Hospital for Consumptives, and Queen Mary Hospital for Consumptive Children

The importance of teaching the principles of public health need hardly be emphasized at the present time. It has been diligently advocated for many years, and with such effectiveness that it is now recognized that it is highly desirable that ample provision should be made in every community to this end. To no group, however, is this subject of public health of more importance than to those who comprise the nursing profession. While in times past it may have been thought sufficient that the nurse should be familiar with the procedures necessary in the care of the sick, the progress of time and the advancement of medical science made it necessary for her to be proficient not only in this but also in the observation of symptoms and complications that may present themselves in different disease conditions. So now when the enlarging field of medical science has introduced an important department known as preventive medicine it is very essential that every nurse should be familiar with the more important matters pertaining to public health.

Much thought has been given by prominent teachers and outstanding leaders in the profession as to the best method by which this subject may be presented to the nurse. Some have advocated the development of post graduate courses of study in this particular subject, requiring the expenditure of much time for intensive study, neither of which can be felt to come within the capabilities of the average nurse. And yet it is to all nurses, and not only to the few who may be able to specialize in this subject, that it is desirable that instruction should be given. And in this connection it would seem that much available material and numerous opportunities are being overlooked, which might readily be utilized during the time the nurse is receiving her training. It is surprising how much there is on every hand from day to day by which this subject may be brought to the attention of the nurse as she lives her life in a hospital. And it is with the purpose of drawing attention to the facilities already to hand that a consideration of this subject has been suggested. The title need not be regarded as an exclusive one because whatever applies to a hospital or sanatorium for tuberculosis applies to an almost equal extent to a hospital of any kind.

There can be no question that the principles of public health can be best learned by having attention drawn to them from day to day in the actual environment in which the nurse is living. The study becomes then one of interest and a knowledge of the subject is acquired almost unconsciously as a matter of current interest and not by a conscious voluntary effort. Knowledge thus acquired is more permanent

(Read at the Public Health Nursing Section of the Canadian Public Health Association, 1927. Published in The Public Health Journal, September, 1927.)

and more likely to be applied in the affairs of every-day life. For this reason as well as because the subject can be taught more advantageously than is possible in any formal course of study that the method is worthy of consideration at this time, when time available for teaching nurses seems to be encroached upon by so many requirements.

The consideration of the subject "The Tuberculosis Hospital and its Facilities for Teaching Public Health" may be approached with advantage under two headings: (1) what should be taught the nurse under the title of public health, and (2) what material and opportunity does a hospital or sanatorium afford for the study, illustration or practice of the principles of public health as considered from the view point of the nurse.

Health has been defined as the quality of life that renders the individual fit to live most and to serve best, while hygiene has been defined as the science and the art (theory and practice) of the preservation and promotion of health and life. Then in order to be consistent in our teaching of public health to student nurses we must not only see that they are taught the principles of personal hygiene but also that they are provided with an environment that is conducive to good health, e.g., the students should be properly housed, they should be given a well-balanced diet, attractively served, they should have some time at their disposal each day for relaxation and recreation; they should not be permitted to remain on duty when complaining of ill health, nor should they be permitted to return to duty at an earlier date than would be permitted in the case of a regular hospital patient. A complete physical examination of the student should be made annually and the conditions under which student nurses work should be, as far as it is possible to make them so, compatible with the modern teaching of public health: for life is something more than a matter of digestion, circulation and nerve response.

Precept without opportunity for practice in matters of health soon robs the student nurse of any appreciation of the value of health education which she may have had before she entered the school. but, on the other hand, if, under approved conditions, nurses are instructed in the principles of hygiene for the individual they are in a position to appreciate the importance which is now attached to the subject of public health; then will their interest be aroused in the hygiene of habitations, of foods and food supply, of water supply, of sewage disposal, of occupation, and of childhood. They should develop for themselves a keener interest in the control and prevention of communicable disease as well as in the important matter of rehabilitation.

A brief description of one of our tuberculosis hospitals may enable you to judge as to the possibilities of such an institution for the study, illustration and practice of the principles of health considered from the view point of the nurse. Imagine, if you will, a little village, with a population of 500 persons, situated in a township and lying between two small towns. In this little village may be found three rooming houses, accommodating approximately 125 persons; two private residences, a public school, including kindergarten and household arts departments with a daily average attendance of 30 students; a church, a public library, a barber shop, a dry goods shop, a grocery shop, a stationery, china and hardware shop; a shoe-shine parlour, a shoe repair shop, a photograph gallery, a postal station, a concert hall, a movie, a radio and local broadcasting station, a garage, a drug store, a greenhouse, a soap factory, a plumber and steamfitter shop, two carpenter shops, a dressmaking establishment, a household linen shop, a novelty shop, a morgue,

a steam sterilizing and disinfection plant, a public health laboratory, a chest clinic, a dental clinic, an eye, ear, nose and throat clinic (the two latter being both treatment and diagnostic clinics), two office buildings, an electric light plant, an artificial ice plant, a modern central heating plant, a sewage disposal system, an interurban cartage agency, an incinerator, a steam laundry handling over 8,000 pieces per week; a dairy produce depot having modern refrigeration facilities and handling 1,000 gallons of milk, 300 dozen of eggs, 500 pounds of butter, as well as 1500 loaves of bread weekly; a butcher shop handling over 825 pounds of meat and fish weekly. There are also five restaurants in this village which serve an average of 1,500 meals daily. The recreational facilities afforded by this village not already mentioned consists of two tennis courts, a billiard parlour, a bowling green, a clock golf course, and a supervised play ground for children. In this village there are many subsidiary industries such as market gardening, floraculture, poultry raising, hog raising, a livery stable, and such like without making any mention of three hospitals affording work for four physicians, sixty nurses, a bacteriologist, a dentist, a play-ground supervisor, a director of physical education, two stenographers, a justice of the peace, several clergymen and numerous social workers. Such a village would ordinarily be considered a place of some importance if located at Jenkinson's Corners, especially if it were casually intimated that it had sufficient of interest to attract more than 1,000 visitors each week, and might even be coveted by teachers of public health as desirable for the purpose of field work for students. Yet in spite of the fact that there are in Ontario at least four institutions similar to the one just described and at least one in each of the remaining provinces, with the possible exception of Prince Edward Island, this excellent field work available for health study has been almost entirely overlooked, since in few of the provinces have these fields been utilized.

A tuberculosis hospital, on account of its location, and because it is a self-contained community, presents problems of the rural community while it also affords the advantage of city life. In such an institution the student can study the average so called normal child in respect to diet, school and play, and the daily routine of life of such a child as well as that of the sick child. She has an opportunity to study the provision that is made for the proper housing and caring of employees engaged in a variety of occupations common to a village group. She may see the provisions that are made for approved methods of handling infective material and the disposal of waste, the storing of food supplies, and the purification of water, while adjacent dwellings with their inadequate or antiquated systems of water supply and sewage disposal will serve as contrasts to approved methods.

The regulations relating to the quality, storage and sale of food stuffs, may be learned in the food storage department, since food must be brought and stored in large quantities when institutions are remote from centres of distribution.

The kitchens and dining rooms of these institutions afford splendid opportunity for impressing upon the mind of the student the laws governing the preparation, screening and serving of foods, as well as the inspection, education and supervision of all those who are engaged in the handling of food supplies; here also the points considered in the grading of restaurants for approved or standard certificates may be checked up by the student.

We need not take time to further enumerate the other departments which will suggest themselves as

abounding in illustrative material for the teaching of public health, nor is it necessary to emphasize the fact that the reporting of communicable disease, the public measures taken toward the control and prevention of these diseases, and the governmental and municipal responsibility for maintenance of those suffering from such diseases will mean something very real to the student who has had actual contact with those being so reported and cared for.

Health education is already one of the first responsibilities of the sanatorium to patients and their friends, as well as to its employees.

There is, therefore, in such an institution, an opportunity for the student nurse not only to partake of this instruction but also to develop for herself the art of teaching health, to those with whom she comes in contact.

It is not within the scope of this paper to enter into the details of the actual teaching of public health to student nurses, but I submit that in a tuberculosis hospital where there is an enthusiastic teacher interested in public health, acting as a director of the student group, and where there is the co-operation of a permanent staff of graduate nurses and a sufficient number of ward aides, the affiliating students could be given, in a period of two months, not only a modern conception of the care and treatment of tuberculosis patients and the control and prevention of communicable disease, but also such training in matters of public health as would make them valuable health teachers wherever they may be located after graduation.

By the use of such facilities it would be possible to give every nurse some training and instruction in the principles and practice of public health, and there would in this way be laid a better foundation on which to build future post graduate courses in public health nursing for those who desire after graduation to specialize in this important field of work.

To recapitulate: There are facilities in our institutions for the teaching and practice of the principles of public health as it pertains to:—

(1) The disposal of sewage.
(2) The collection and disposal of garbage.
(3) The proper care of food supplies.
(4) The purification of water.
(5) The inspection and supervision of restaurants and kitchens.
(6) The supervision of healthy persons engaged in a variety of occupations.
(7) The care of the sick.
(8) The prevention and control of communicable disease.
(9) Responsibility of the individual, the municipality, and the province in matters of health.
(10) Child welfare—pre- and post-natal.
(11) Community recreation.
(12) Housing.

and numerous other subjects that will readily suggest themselves to any who are equally familiar with public health and institutional management.

MILK—ALSO BYRD'S FAVORITE BEVERAGE

"He chatted with his hosts, and drank a **glass of milk** before retiring."

Such was the message broadcasted by the Associated Press after Aviator Byrd was rescued from his good ship "America," landed in the sea, two hundred yards off the Normandy coast. Lindbergh, probably less tired than Byrd, wanted **milk and a bath** before retiring; Byrd wanted just a **glass of milk.**

What they drank is an unfailing indication of what they are. It tells the reason for this ability to stand the test, endure the strain, and win the race. The use of **milk** by Lindbergh and Byrd in their diet demonstrates its health and strength-giving properties. These are facts for the consideration and guidance of all who would emulate their stamina, manhood and success.—Publicity, National Dairy Council of Canada, Ottawa.

News Notes

ALBERTA

Miss Grace McIntosh left Calgary the latter part of October for Los Angeles, California.

BRITISH COLUMBIA

NELSON

The graduating exercises of Kootenay Lake General Hospital Training School for Nurses took place on September 6th in the Eagle Hall. The platform was beautifully decorated with flowers and the Union Jack. Seven nurses received their diplomas and medals: Misses M. Pynn, E. Burgess, F. Mathews, E. Graham, A. Aylwin, M. Wallace, and A. Binnie. Prizes were awarded to: Miss M. Pynn, highest marks in practical nursing class, April; Miss E. Graham, highest marks in practical nursing class, October; Miss M. Pynn, medal for highest marks in materia medica; Miss A. Binnie, medal for obstetrics; Miss M. Wallace, prize for highest marks in surgical nursing; Miss E. Graham, prize for highest marks in all examinations. At the close of the proceedings refreshments were served to about two hundred guests.

VANCOUVER

The monthly meeting of the Vancouver Graduate Nurses Association was held in the new Nurses' Home of the Vancouver General Hospital on September 14th. It being the first meeting since the holidays there was a good deal of discussion and nothing definitely accomplished. The reports from various committees were heard and several ways of raising funds for the Association discussed. Professor F. G. Wood, of the University of British Columbia, was the speaker of the evening and gave a most helpful and interesting talk on "Reading for Nurses in their Leisure Hours." The meeting then adjourned to the Rotunda, where refreshments were served.

Miss Geraldine Hartwell (Nanaimo General Hospital), who returned from China a few months ago, is taking the public health course at the University of British Columbia, Vancouver.

MANITOBA

BRANDON

The October meeting of the Brandon Graduate Nurses Association, held at the home of the president, Mrs. A. V. Miller, was a most enjoyable one. The guest of the evening was Miss Susan Haddock, a graduate of the Brandon General Hospital, who is home on furlough from West China. Miss Haddock gave a most interesting and instructive address on nursing problems in China, dealing particularly with the work done in her own hospital, where she has a training school for nurses. While in Brandon Miss Haddock has been the guest of Mrs. Robert Darrach, and leaves shortly for Toronto, where she will do post graduate work this winter.

Miss Agnes Pearson, graduate of the Winnipeg General Hospital and Manitoba Agricultural College, has been appointed dietitian at the Brandon Hospital for Mental Diseases.

Miss Freda Conley (Brandon General Hospital, 1926) has left for Lucky Lake, Sask., and Miss Kathleen Campbell (Brandon General Hospital, 1923) for Bengough, Sask., where they are now engaged in Red Cross work.

Misses R. McCulloch and Margaret Gemmell have returned from delightful holidays spent in motoring through Eastern Canada.

WINNIPEG

Winnipeg General Hospital

Miss M. F. Gray, 1907, spent a few days in the city en route from Columbia University, where she had been taking a summer course.

Friends of Miss Inga Johnson, 1907, will be pleased to hear she is back in Winnipeg after an absence due to illness.

Misses McGillvray, 1910; Isabel McKenzie, 1920; Lillian Arnold, Ellen Dow, 1925; and Mabel Horne, 1921, have returned to their respective duties after a holiday spent in Europe.

Miss M. Jones, 1927, has accepted the position of night superintendent at the City Hospital, Saskatoon.

Miss Agnes Pearson, 1927, has accepted a position as dietitian at the Brandon General Hospital.

Miss J. R. Hamilton, 1907, has returned from a holiday spent in Vancouver.

Miss T. Wiggins, 1919, has been appointed assistant superintendent of nurses at the Winnipeg General Hospital.

Miss Grace Bedford, 1920, who returned from China early in the summer, addressed the October meeting of the Alumnae Association on "Nursing and Health Conditions in China."

Miss Rachel Fogarty, 1898, has been visiting friends in Winnipeg.

A very enjoyable tea was given by the Alumnae at the home of Mrs. F. Argue, in honour of Miss E. M. Fraser, late assistant superintendent of nurses, Winnipeg General Hospital, who has left for England, where she has accepted a position in the Lord Mayor Treloar's Hospital, Alton, Hampshire.

Miss Helen Stewart, 1906, of Vancouver, who had been visiting in Winnipeg for two months, left for her home early in October.

Miss Leah Holmes (Ashbury, 1910), of London, Ont., has been visiting in the city.

Miss Ruby Dunlop, 1927, is taking a special course in eye, ear, nose and throat nursing in New York.

NEW BRUNSWICK

CAMPBELLTON

Miss Mary F. Bliss, R.R.C., who has been superintendent of the Soldiers' Memorial Hospital of Campbellton since its opening in March, 1922, resigned her position and left September 1st for a month's vacation, prior to taking a course at McGill University, Montreal, this coming winter.

Miss Anne Sparling, head nurse at the Soldiers' Memorial Hospital, has resigned her position and after a few week's camping in New Brunswick returned to her home in Ottawa, Ont.

Miss Jane Wheaton, operating room nurse at the Soldiers' Memorial Hospital, after resigning her position there, left on August 29th for her home in Sackville, N.B., where she will enjoy a much needed rest, after which she will take a post-graduate course in Montreal.

Miss Helen R. Saunders, of New York, arrived in Campbellton and took up her duties as superintendent of the Soldiers' Memorial Hospital on September 1st. Her assistant, Miss Mary E. Reidhead, accompanied her from Montreal..

SAINT JOHN

The Saint John Chapter of the Registered Nurses Association of New Brunswick held their annual meeting in the Nurses' Home, General Public Hospital, on September 18th. In addition to the usual business being transacted, arrangements were made for a dinner and bridge at the Admiral Beatty Hotel. Officers elected for 1927-1928 were: President, Miss Mitchell; first vice-president, Miss Lyle Gregory; second vice-president, Mrs. Van Dorser; secretary, Miss Sutherland; registrar-treasurer, Miss Fraser; entertainment committee — Miss McGaffigan and Miss Cambridge. During the evening Miss Charlotte Whitton gave an interesting address on child welfare work. Refreshments were served at the close of the meeting.

General Public Hospital

The regular meeting of the General Public Hospital Alumnae was held in the Nurses' Home on October 4th, at which reports were received from the various committees. After the business was concluded a social hour was enjoyed and refreshments served by the hostess, Miss E. J. Mitchell.

Miss Bessie Myles, 1923, is convalescing at her home here following an operation for appendicitis.

Miss Mary Harrington, 1919, and Miss Vera Breen, 1923, have returned to Boston after spending their vacation in Saint John.

Miss Ina Wetmore, 1924, who has been suffering from rheumatism, has been confined to her home at Clifton, N.B. for some time.

Miss Mary Clarke and Miss Thelma Scranton are patients in the East Saint John Hospital.

Miss Bertha Gregory, 1916, of Saint John West, has returned from a trip to Europe and resumed her public health duty at Calais, Maine.

Saint John Infirmary

The graduation exercises of the Saint John Infirmary took place on September 8th. The class consisted of five nurses, as follows: Misses Mary Vesta Farren, Agnes Mary Griffin, Florence Albertine Flood, Isabella Gertrude McNulty, and Elsie Josephine O'Leary. His Lordship Bishop LeBlanc, and Dr. E. W. Lunney, president of the infirmary board, addressed the graduates. Miss Farren, as the member of the class making the highest aggregate, was awarded with a handsome leather suitcase fitted with instruments. This award will be made each year in future, this being the first year. The prize of $10 in gold, given by the Infirmary Alumnae for proficiency in practical work, was presented to Miss O'Leary.

On the Monday preceding graduation the Alumnae entertained the members of the 1927 graduating class at a banquet at the Admiral Beatty Hotel. The class colours of blue and white were effectively used in the pleasing scheme of decoration. The table flowers were asters and sweet peas very prettily arranged.

Miss Martina Creary, president of the Alumnae, presided and the toastmistress for the evening was Miss Gertrude Ward.

When the toast to the King had been honoured with the National Anthem the toast and address of welcome to the graduates was given by Miss Creary and responded to by the leader of the class, Miss Vesta Farren. The toast to "Our Training School" was proposed by Miss A. F. Kane and replied to by Miss Margaret Higgins and the toast to "Our Sisters" was proposed by Miss Leah Jennings and replied to by Miss Eunice Smith. The toast to "Our Absent Members" was proposed by Miss Katherine MacGillivray and replied to by Miss Mary Walsh.

Very attractive and dainty favours were presented to each of the members of the graduating class.

ST. STEPHEN

Chipman Memorial Hospital

The regular meeting of the Alumnae Association, held on September 29th, was well attended. In the absence of Mrs. J. L. Haley the chair was occupied by Miss Estelle Murphy. Misses G. Hughes, J. Sinclair and Alice Bishop, 1927, became members, and an honorary membership was conferred upon Miss Mabel McMullen (Lawrence General Hospital), a private duty nurse.

Miss Helen Mowatt is taking a much-needed rest at her home, Woodstock.

Misses Bertha Weir and Susie Dalzell have returned to Yonkers after having visited at their homes.

Miss Helen Steeves, 1921, who was warmly welcomed by many friends on her recent visit to St. Stephen, has returned to Boston to take up private duty nursing.

Miss Stella Gibbon, 1927, is in attendance upon her brother at the Infirmary, Saint John.

Miss Alyce McConnell has returned from a pleasant trip to Halifax.

Mr. and Mrs. Allison Thomas (Mary Stairs, 1925) are receiving congratulations on the birth of a daughter.

Miss Elizabeth Clark is professionally engaged at Campbello.

Miss Jeanie Sinclair has returned from Gardiner, Me., where she was professionally engaged.

NOVA SCOTIA

HALIFAX

Miss A. E. Fenton has returned from Sandy Cove, Digby Co., where she spent a well-earned vacation.

Miss Nellie Coolen is spending her vacation in Shad Bay, N.S.

Miss Katherine M. Graham closed Rainbow Haven Sept. 1st, and returned to duty Sept. 2nd. Miss Graham is now spending a well-earned vacation at Pinehurst, Chester.

Miss E. MacD. MacWatt has returned to duty.

Miss Leuta Hall is relieving for Miss Mary F. Campbell (superintendent, Victorian Order of Nurses) during her absence in New York.

Miss Flora West left September 15th for Canning, N.S., to visit her parents.

Miss Marion Grant, who has been relieving for the past three months, has returned to private duty for the winter.

Miss Frances Connors has been transferred to Mimfield, N.B.

Miss Edith Hurbert has resigned her position and is planning to spend the winter months at her home in Kentville, N.S.

Miss Joan McLarren (Sick Children's Hospital, Toronto, 1927) is visiting her parents at Dartmouth, N.S., and expects to spend the winter there.

On September 16, 1927, at the graduating exercises of the Children's Hospital, three nurses were awarded diplomas: Misses Sophie Searles, Chatham, N.B.; Evelyn Morris, Halifax, N.S., and Irene Miller, Windsor Junction.

Miss Mary MacDougall, formerly superintendent of the Payzant Memorial Hospital, Windsor, spent the month of September visiting in that town.

Miss Clara Morris, Montreal, spent the month of September with her parents, Dr. and Mrs. C. H. Morris, Windsor, N.S.

On Wednesday evening, September 14th, the staff nurses of the Halifax Infirmary held a jolly corn boil at Tufts' Cove.

Miss Katherine MacLatchy, who has been visiting her parents in Halifax for the past two months, has returned to duty in New York.

Miss Ida Campbell, of Columbus, Ohio, spent the month of September in Halifax.

Miss Flora Liggett, provincial superintendent of the Junior Red Cross, has resigned her position here. Miss Liggett has done a wonderful work in the province and will be greatly missed. Miss E. O. R. Broio is acting superintendent for the present.

Miss Florence Simpson, of New York, is visiting her parents, Mr. and Mrs. R. G. Simpson, Halifax.

Miss Anna F. Noonan has returned from a visit to New York, New Hampshire and Massachusetts.

Miss Katherine Desmond, who has been visiting in Halifax for the past month, has returned to duty in New Haven.

Nova Scotia Hospital

Miss Dorothy Sturgess has returned to duty after a delightful vacation spent at her home in Dartmouth.

Miss Vera Smith has returned from vacation spent at her home in Pugwash.

Miss Rita Beck has returned from East Dover, where she spent her vacation.

Miss Ida Myex has returned from her vacation spent in Jeddore.

Miss Pearl Graves spent her vacation in Liverpool.

Joseph Shea has returned to duty from a delightful vacation.

Gerald McNeil has returned from a delightful vacation spent at his home in Big Beach, C.B.

Miss Verda Hilchey, of Halifax, has accepted a position on the nursing staff.

Victoria General Hospital

Miss Moira MacDonald has accepted a position on the nursing staff.

Miss Ethel K. Warner is visiting her sister in Newark, New Jersey.

Miss Lillian MacInnes has returned from an enjoyable vacation spent in Imperoyal.

Miss Madge Taylor and Miss Rose King are taking a post graduate course at Michigan.

ONTARIO

KINGSTON

Kingston General Hospital

The monthly meeting of the Nurses' Alumnae Association was held on October 4th. At the close of the meeting tea was served.

Miss Ruth Nash, who has been nursing in the Cleveland Clinic Hospital, has returned to Kingston, where she will do private duty nursing.

Miss Susie Patterson, 1925, who has been ill at the Kingston General Hospital, with typhoid fever, is making a satisfactory recovery.

Miss Dorothy Wemp, 1926, has left for New York City, where she intends to do private duty nursing.

Miss Glenna Booth, 1926, is nursing at Miss Mackie's Hospital, New York City.

KITCHENER

On October 3rd, the Kitchener-Waterloo Graduate Nurses Association held their annual monthly meeting in the Nurses' Home, the president, Miss Winterhaldt, in the chair. In the course of the evening Dr. Oaks gave a very interesting address on "Electrotherapy."

On September 1st Miss Mary Orr left to take a special course at the Presbyterian Hospital, New York City.

Misses L. Rafferty and M. Short have accepted positions at Lakeside Hospital, Cleveland, Ohio.

TORONTO

Wellesley Hospital

On September 16th a delightful shower was given by Miss Russel in honour of Mrs. Martyn. About thirty of the Wellesley nurses, including several of the married members of the Alumnae, were present. During the evening the bride-to-be was presented with a handsome tea tray.

News has been received from Miss MacMullen, who has been spending a holiday at her home in Sligo, Ireland, that she expected to nurse in London, England, for a time.

Toronto General Hospital

The first regular meeting of the year of the Toronto General Hospital Alumnae Association was held in the Nurses' Residence on September 28th. A very dainty and most satisfying buffet supper, at which Miss Snively, Miss Gunn and Miss Locke were the guests of honour, was served in the Reception Room, after which an important business meeting was held. Plans for the coming winter were discussed and it was decided to hold seven meetings this year instead of five, as formerly. Miss Snively addressed the members briefly concerning future activities hoped for from the graduates of the Toronto General Hospital and urged that such would begin in the Alumnae Association.

Miss Hazel Quinn, 1927, is in charge of the operating room at Campbellton, New Brunswick.

Miss Louise Cunningham, 1925, is on the staff of the Red Cross Hospital at New Liskeard, Ont.

Miss Amy Ruse, 1923, who has been on the staff of the Red Cross Hospital at Englehart has returned to Toronto, where she intends to engage in private duty nursing.

Miss Gertrude Schmidt, has joined the staff of the hospital at Ann Arbor, Mich.

Miss Evelyn Lashinger has returned from Western Canada.

Miss P. Kitchen, 1925, who has been on the staff of the Toronto General Hospital, has accepted the post of operating room assistant in the University Hospital, Edmonton, Alta.

Miss Lulu Walter, 1925, is on the staff of the Victoria Hospital, Prince Albert, Sask.

Miss Marion Brewster, 1925, is night supervisor of the Presbyterian Hospital, South Porcupine, Ont.

Miss Hazel Suddaley, 1927, is on the staff of the Red Cross Hospital at Englehart, Ont.

Miss Mary McCuaig, 1909; Miss Phyllis Denne, 1918; Miss Emily Ferguson 1923; Mrs. Jean Garbutt and Miss Harriette Wilson, 1927, are enrolled in the course for public health nurses at the University of Toronto. Mrs. Garbutt and Miss Wilson are winners of Toronto General Hospital Scholarships for the year's post graduate course.

Grace Hospital

Miss Elsie Ogilvie, 1919, has resigned her position as charge nurse in Grace Hospital to attend the School for Graduate Nurses, McGill University.

Miss Annie L. Nelson, 1921, has been transferred to the Red Cross Hospital, Thessalon, Ont.

Miss Florence H. M. Emory, assistant director, Department of Public Health Nursing, University of Toronto, who has been abroad observing nursing and health activities in England and France as the guest of the Rockefeller Foundation, has returned to Toronto.

Hospital for Sick Children

The Alumnae Association of the Hospital for Sick Children have planned a very comprehensive programme for their meetings this winter. At the first meeting Dr. Tisdale will give an address on "Heliotherapy," illustrated by lantern slides. In December the Alumnae will be addressed by the Rev. Dr. Sclater, the subject to be announced later. Dr. VanWycke will speak on "Obstetrics" in February, and Dr. Blantz on the "Psychology of Childhood" in April. During March there will be a course of lectures held

weekly, while a theatre night in November and a reunion dinner in May complete the plans that have been made by the executive.

Miss Grace Linden, 1925, is on the staff of graduate nurses at the Rockefeller Hospital, N.Y.

Miss Janet Calhoun, 1915, is assistant superintendent of the James Whitcombe Riley Hospital for Children at Indianapolis, Indiana, U.S.A.

Miss Una M. Watson, who has spent the past four-and-a-half years in the East, is now engaged in private duty nursing in Vancouver.

QUEBEC

MONTREAL

Montreal General Hospital

Miss Grace Carter, 1925, is engaged in floor duty at the M.G.H.

Miss McQuisten, 1925, who has been nursing at Laurentian Sanatorium, has resigned, and is now doing floor duty in Ward X, M.G.H.

Miss Martin has given up her work at the Laurentian Sanatorium to take up private duty nursing.

Miss Norena MacKenzie, 1926, who has been doing Red Cross Outpost duty at Lion's Head, Ont., has been awarded a scholarship by the Montreal General Hospital committee of management and is taking the teachers' course at McGill University.

Miss Shirley Bowen is on the staff of the Anti-Tuberculosis League, relieving Miss Grace McKay, who is taking a course in tuberculosis nursing at the Laurentian Sanatorium, St. Agathe, P.Q.

Miss Charland, 1927, has been awarded the scholarship awarded by the Alumnae Association of the School for Graduate Nurses, McGill University, and will attend the course in teaching.

Miss Inez Welling, 1923, has resigned her position as night assistant at the M.G.H. and will take the course in administration at McGill, having been awarded the scholarship given by the committee of management of the M.G.H. Miss Irene McQuade, 1925, succeeds Miss Welling. Miss Patricia Keuchan has been relieving since Miss Welling resigned.

Miss Martha Harris, 1926, has accepted the position of assistant instructress at the M.G.H., succeeding Miss Batson, 1921, who has been appointed supervisor. The latter position is an entirely new venture in the training school. Miss Batson will supervise the work of the nurses in the wards, following class room instruction.

The Western Hospital

Miss Ruby Kett has resumed her duties as private ward supervisor at the Western Division of the M.G.H. following her absence on account of illness.

Miss Elsie Brain, who replaced Miss Kett during her absence, is remaining on the staff of the Western Division of M.G.H. as a private ward supervisor.

Miss Jessie Nelson has been a patient in the Western Division of the M.G.H. and has made an excellent recovery following an appendectomy.

Miss Marjorie Macfarlane is doing private nursing in Montreal.

Miss Margaret MacCallum has resigned from her position as nurse-technician in the X-ray dept. of the Western Division of the M.G.H. and will engage in private duty nursing in this city.

Miss Katherine Kelly is taking a short, intensive course in the use of X-ray appliances with the Victor X-Ray Co., New York City.

Miss Emily Crosby has returned from Winchester, Mass., where she was engaged in X-ray work and is residing at her home in Montreal West.

Miss Forence Martin has resumed her position as night superintendent of the Western Division of the M.G.H.

Mrs. Herbert Caldwell (Elèanor Fowles), of Iroquois, Ont., accompanied by her husband and small daughter, were guests recently of Mrs. F. E. Phelan.

The sincere sympathy of the Alumnae Association is extended to Miss Vernie Kerr in the loss of her father.

QUEBEC

Miss Carol Cass (Jeffery Hale's Hospital, 1926) has been appointed instructor of student nurses at Jeffery Hale's Hospital.

SASKATCHEWAN

REGINA

Friends of Miss Myrtle Wilkins will be pleased to hear that she is recovering from a recent operation at the Regina General Hospital.

BATTLEFORD

Miss Gwendolyn Nixon (Royal Victoria Hospital, Montreal, 1925), who has been connected with the Battleford General Hospital since her graduation, is leaving shortly to join the staff of the hospital recently opened at Turtleford, Sask., by Dr. Garrioch, of which her mother is the matron. Mrs. Nixon was formerly matron of the Battleford General Hospital.

The many friends of Miss Florence J. Potts, Director of Nursing, Shriners' Hospitals for Crippled Children, will be pleased to learn that she has fully recovered from her lengthy illness. During October Miss Potts visited St. Louis, Spokane, Portland and San Francisco in connection with the Shriners' Hospitals.

C.A.M.N.S.

WINNIPEG

Mr. and Mrs. Herman Mawhinney and daughter, Miss Joan, are leaving the city in a few days for Montreal, where they will reside in future. Mrs. Mawhinney (nee N/S Olive MacIntosh) has been an active member of the Nursing Sisters' Club for some years and will be very much missed.

Mrs. Wm. Cowan (nee N/S Angelina Marcotte) is spending a few weeks with her mother in Cobalt, Ont.

Mrs. A. D. McLeod, of the Deer Lodge Hospital staff, is spending her vacation with relatives and friends in Hallock, Minn.

Miss E. C. Floyd, of the staff of the Child Welfare in Montreal, is the guest of her brother, Mr. Arthur Floyd, and is renewing old acquaintances in the city.

Mrs. T. Cavanagh (nee N/S Mary Hall) is spending a few weeks with her sister in New York.

Mrs. B. E. Hull (nee N/S Vera Strange), of Grenfell, Sask., has been a recent visitor in the city, the guest of Mrs. J. D. Moulden (nee Margaret Fearon), Jessie Ave.

It might interest out-of-town members of the club to know that a communication has been received by the president from the secretary of the Provincial Command of the Canadian Legion, B.E.S.L., inviting the club to form a branch of the legion. Up to the present no decision has been made, but in the meantime several of the overseas nurses have identified themselves as individual members of the Deer Lodge Hospital branch of the Canadian Legion, B.E.S.L.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

ALEXANDER—On September 26th, 1927, to Mr. and Mrs. John Nicolle Alexander (Letitia Dora MacDonald, Kingston General Hospital, 1923), a daughter, Margaret Edith.

ATKINSON—On September 19th, 1927, at Rochester, N.Y., to Dr. and Mrs. W. L. Atkinson (Lillian Meades, Toronto General Hospital, 1923), a son.

CRUSE—On August 30th, 1927, to Mr. and Mrs. Arthur W. Cruse (Helen Wilson, Kingston General Hospital, 1922), a daughter, Joan Christine.

DONOVAN—On September 13th, 1927, at Fredericton, to Mr. and Mrs. Trafford Donovan (Marion A. Hanson, Victoria Public Hospital, Fredericton, 1916), a daughter, Barbara Jean.

DOYLE—Recently, at Regina, to Mr. and Mrs. Charles Doyle (Margaret Gonczy), a daughter.

GORHAM—In July, 1927, at Halifax, N.S., to Mr. and Mrs. C. H. Gorham (Margaret Bain, Jeffery Hale's Hospital, 1917), a daughter.

HASELTON—On September 27th, 1927, to Mr. and Mrs. Charles Haselton (Hazel Hawley, Kingston General Hospital, 1923), a son.

McKELL—Recently, at Regina, to Mr. and Mrs. McKell (nee Petty), a son.

McKAY—On August 29th, 1927, to Mr. and Mrs. Lionel McKay (Gertrude Mabel Fitzsimmons, Kingston General Hospital, 1923), a son.

MAVOR—On August 3rd, 1927, at Fredericton, to Mr. and Mrs. James Mavor (Jennie McKim, Victoria Public Hospital, Fredericton, 1918), a son, Leslie James Phillips.

NICKERSON—On August 27th, 1927, at Halifax, to Mr. and Mrs. T. M. Nickerson (Alice Shea), a daughter.

OGLE—On September 17th, 1927, at Toronto, to Mr. and Mrs. Ogle (Marguerite McConnell, Wellesley Hospital Toronto, 1925), a daughter.

PATERICK—In August, 1927, at Toronto to Mr. and Mrs. James Paterick (Violet Brodie, Toronto General Hospital, 1925), a son.

TAYLOR—On September 28th, 1927, to Mr. and Mrs. Donald Taylor (Edith White, General Public Hospital, St. John, 1924), a daughter, Joan Unica Yvonne.

MARRIAGES

ARGUE—FINNIE—On September 14th, 1927, at Toronto, Jean Elizabeth Finnie (Grace Hospital, Toronto, 1924) to Ralph A. Argue. At home—9 Orchard View Blvd., Toronto.

ASSELSTYNE—CAMPSALL—On June 28th, 1927, at Glenvale, Gladys Ray Campsall (Kingston General Hospital, 1922) to Harry Wilson Asselstyne.

BLAIR — MacDONALD — On September 1st, 1927, at Dartmouth, N.S., Jessie Margaret MacDonald to George Alexander Blair (Nova Scotia Hospital). At home—Dartmouth, N.S.

BURLEIGH—HOWARD — On September 16th, 1927, at New York, N.Y., Dorothy Howard (Kingston General Hospital, 1923) to Dr. Herbert Burleigh.

CHOWN—DURBROW — On August 6th, 1927, at Ottawa, Laura Duff Durbrow (Kingston General Hospital, 1921) to Stanley Murray Chown.

CHRISTIE—GRABOWSKI—On September 14th, 1927, Thelma Grabowski (Calgary General Hospital, 1923) to Dr. Neil Christie, of Calgary.

CORMICK—SLEETH—In August, 1927, at Quebec, Daisy Sleeth (Jeffery Hale's Hospital, 1924) to James Cormick, of Montreal, P.Q.

CHALMERS—CONNOR — On September 17th, 1927, at her home in Ottawa, Agnes Marguerite Connor (Toronto General Hospital, 1923) to Allan A. Chalmers. Mr. and Mrs. Chalmers will reside at Sudbury, Ont.

CLELAND — EASTMURE — On September 21st, 1927, at Toronto, Beatrice Constance Eastmure (Royal Victoria Hospital, Montreal, 1925) to Dr. John Cleland. At home—Oregon City, Oregon, U.S.A.

DICKIE—MARTYN—On September 19th, 1927, in Toronto, Mrs. Martyn (Wellesley Hospital, 1921) to Mr. Dickie, of North Bay, Ont.

FRASER—SMITH—On September 17th, 1927, at Winchester, Ont., Annie Smith (Royal Victoria Hospital, Montreal, 1925) to John A. Fraser, of Montreal.

GODWIN — GARNER — On September 29th, 1927, at Kingston, Amy Dorothy Garner (Kingston General Hospital, 1926) to William Henry Godwin.

GORDON—HAWES—On September 1st, 1927, at Kelowna, B.C., Marion A. Hawes (Regina General Hospital) to Dr. G. Gordon, of Hodgeville, Sask.

GUNN—KING—On September 8th, 1927, at Boissevain, Man., Melrose King (Winnipeg General Hospital, 1925) to Dr. Lynn Gunn. At home — Fort Frances.

LAMBERT—JONES—On September 24th, 1927, at Lachine, P.Q., Margaret Burns (Montreal General Hospital, 1924) to John T. Lambert, of Melbourne, P.Q.

LANGSTAFF—SUMMERS—On September 10th, 1927, at Winchester, Ont., Hazel Miriam Summers (Grace Hospital, Toronto, 1925) to J. Homer Langstaff, of Toronto.

LUKE—GREY—On September 17th, 1927, at Ottawa, Patricia Grey (Royal Victoria Hospital, Montreal, 1923) to Maurice Cameron Luke.

McARTHUR — NUTTALL — On August 6th, 1927, at Toronto, Sadie Katharine Nuttall (Kingston General Hospital, 1926) to George Alexander McArthur.

McKIGGAN—KING—On September 7th, 1927, at Halifax, N.S., Belle Kinsead King (Victoria General Hospital, 1922) to Dr. John McKiggan. At home—Glace Bay, N.S.

McBEAN—RICHARDSON — On September 24th, 1927, at Kingston, Ont., Helen C. Richardson (Royal Victoria Hospital, Montreal, 1923) to Archibald McBean.

MANN—WHITE—On August 17th, 1927, at Winnipeg, G. White (Jeffery Hale's Hospital, 1920) to Frederic P. Mann, of Fort William.

MILLS—HARTLEY—On June 11th, 1927, at Montreal, Gladys Hartley (Jeffery Hale's Hospital, 1917) to John Mills, of Lachine, P.Q.

NOLL—LIVINGSTON — On August 3rd, 1927, at Waterloo, Ont., Florence Ethel Livingston (Kitchener-Waterloo Hospital, 1922) to William H. Noll. At home—Waterloo.

NORTHY—SADLER—On September 20th, 1927, at Lindsay, Ont., Mona Sadler (Toronto General Hospital, 1926) to Frederick Northy.

PAULSON — POLSON — On October 1st. 1927, at Winnipeg, Florence Polson (Winnipeg General Hospital, 1922) to Bjorn Paulson. At home — Somerset, Man.

QUINLAN—RIPLEY—On September 7th, 1927, at Montreal, P.Q., Jean Ripley (Royal Victoria Hospital, Montreal, 1921) to James J. Quinlan. At home—Chateau Apts., Montreal.

REID — COLPITT — On September 24th, 1927, at Halifax, N.S., Mildred R. Colpitt (Class 1925, Dalhousie) to Dr. James W. Reid, of Windsor, N.S. At home—Brooklyn, Colchester Co., N.S.

ROBERTSON—FRANCIS—On June 4th, 1927, at Toronto, Adelaide Winnifred Francis (Kingston General Hospital, 1926) to Dr. Hugh Elliott Robertson.

ROWLEY—SHAW—On October 5th, 1927, at Toronto, Mary Shaw (Grace Hospital, Toronto, 1924) to Dr. Arthur Edwin Rowley. At home—Sturgeon Falls, Ont.

SCHNEIDER — WING — On October 1st, 1927, at Toronto, Pearl Wing (Kitchener-Waterloo Hospital, 1924) to Emil Schneider. At home—Kitchener, Ont.

TRAINER—FOLEY—On September 20th, 1927, at East Saint John, Ada Foley (General Public Hospital, Saint John, 1919) to Dr. R. Trainer, of Saint John, N.B.

WALLACE — ALLEN — On September 14th, 1927, Sarah Elizabeth (Bessie) Allen (Toronto General Hospital, 1913) to John Marvin Wallace, of Oakville, Ont.

WELLS — HILLIER — In June, 1927, at Quebec, Florence Hillier (Jeffery Hale's Hospital, 1925) to Dr. Wells, of Rock Island, P.Q.

DEATHS

ALLEMANG—On October 5th, 1927, at Preston, Ont., Jessie Irene Kitchen (Kitchener-Waterloo Hospital, 1926), wife of Lorne Allemang.

McKAY—On October 4th, 1927, at Kingston, the infant son of Mr. and Mrs. Lionel McKay (Gertrude Mabel Fitzsimmons, Kingston General Hospital, 1923).

NESBITT—Recently, at Rivers, Man., Mrs. H. Nesbitt (Julia Wilson, Brandon General Hospital, 1894).

THE
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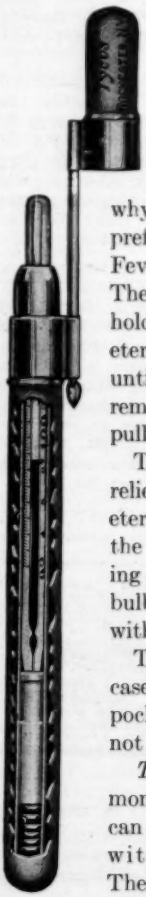

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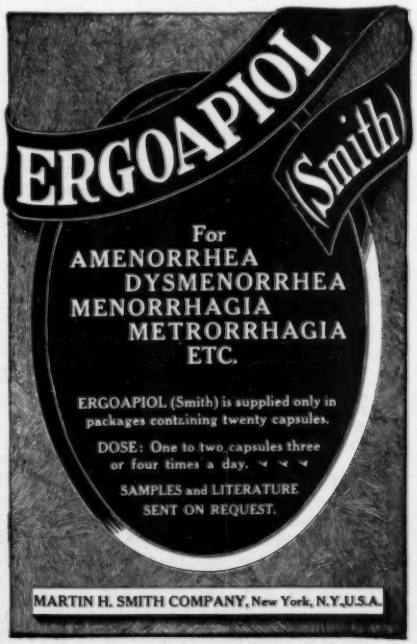

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Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Mrs. A. V. Miller; Vice-Presidents, Mrs. N. Renwick and Miss R. McCulloch; Secretary, Miss E. McNally; Treasurer, Miss H. Boyes; Programme Convener, Miss M. F. Conley; Sick Visitors (Convener), Mrs. W. Borthwick; Press Representative, Miss R. Dickie; Registrar, Miss C. M. Macleod.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sister Mead, St. Boniface Hospital; Hon. Vice-President, Rev. Sister Krause, St. Boniface Hospital; President, Miss Theresa O'Rourke, 364 Maplewood Ave.; First Vice-President, Miss S. M. Wright, Children's Hospital, Winnipeg; Second Vice-President, Miss Ethel Peary, 29 Congress Apts., River Ave., Winnipeg; Secretary, Miss Olive Heath, Ste. 3 Reliance Blk., Young St., Winnipeg; Treasurer, Miss A. M. Trudel. Ste. 3 Reliance Blk., Young St., Winnipeg; Convener, Social Committee, Mrs. G. W. McIntosh, 200 Kennedy St.; Convener, Sick Visiting Committee, Miss Norah O'Meara, 17 Dundurn Place, Winnipeg; Convener, Refreshment Committee, Miss Etta Shirley, 645 Garwood Ave., Winnipeg; Representative to Registry, Press and Publications, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; Circulation Manager for "The Canadian Nurse," Miss Clara Code, 21 Hekla Apts., Toronto St., Winnipeg; Representatives to Local Council of Women, Mrs. Hall, Mrs. McIntosh, Misses Peary and O'Rourke.

WINNIPEG GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss Ethel Ironsides, 876 Bannatyne Ave.; First Vice-President, Mrs. Fletcher Argue, 189 Kingston Row; Second Vice-President, Mrs. Grant Miller, Winnipeg General Hospital; Third Vice-President, Miss E. Mae Fraser, Winnipeg General Hospital; Recording Secretary, Miss Bertha Arnold, Winnipeg General Hospital; Corresponding Secretary, Mrs. W. M. Muagrove, 4 "B" Westmoreland Apts.; Treasurer, Mrs. H. J. Graham, 99 Euclid Ave.; Conveners of Committees: Sick Visiting, Miss Sadie Bentley; Programme, Mrs. J. A. Davidson; Membership, Miss G. Johnson.

GALT GRADUATE NURSES' ASSOCIATION

Hon. President, Miss C. L. LaRose, Galt Hospital; President, Mrs. Wm. Wallace, 56 Forbes Street; First Vice-President, Mrs. Harry Rigsby, 58 Barrie St.; Second Vice-President, Miss Jessie Bell, 56 Forbes Street; Secretary-Treasurer, Miss Sarah Mitchell, 11 Harris Street; Asst. Secretary-Treasurer, Mrs. A. Hawk, Queen's Square.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Miss Berlett; Treasurer, Mrs. W. Knell, 41 Ahrens St.; Secretary, Miss E. Masters, 13 Chapel Street; Representative to "The Canadian Nurse," Miss E. Ferry, 102 Young Street, Kitchener.

THE EDITH CAVELL ASSOCIATION OF LONDON

President, Mrs. E. S. Partridge, 125 Elmwood Ave.; First Vice-President, Miss Anne P. Evans, 639 Wellington St.; Second Vice-Precsident, Miss Cora Macpherson, Victoria Hospital; Secretary-Treasurer, Miss Elizabeth Morris, 15 Bellevue Ave.; Social Secretary, Miss Elizabeth Morris, 15 Bellevue Ave.; Programme Convener, Miss L. Griffin, Victoria Home, Grand Ave.; Special Member of Executive, Miss Josephine Little, Supt. Aged People's Home.

SMITH'S FALLS GRADUATE NURSES' ASSOCIATION

Honorary President, Miss J. Taggart; President, Miss A. Church; First Vice-President, Miss I. MacKay; Second Vice-President, Miss L. McKay; Secretary, Miss W. Gore, Box 314, Smith's Falls; Treasurer, Miss G. Shields; Registrar, Miss Howard; Conveners of Committees: Social, Misses G. Currie, B. Clark, I. MacKay; Credential, Misses A. Hayes, R. Thom, G. Gore; Floral, Misses L. McKay, E. Condie; Representatives to Local Council of Women, Misses A. Church, E. Condie, S. McKay, G. Shields.

Regular meeting—3rd Wednesday of each month.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Miss Barbara Ross, 45 Dundonald St.; Vice-President, Miss Janet, Allison, 37 St. Ann's Rd.; Secretary, Miss Mary Gridley, 20A Crescent Rd. Apts., 1050 Yonge St.; Treasurer, Miss Clara Dixon, Women's College Hospital; Councillors: Miss Frances Browne, 35 Chicora Ave.; Miss Ethel Greenwood, 34 Homewood Ave.; Miss Ada Luxon, 166 Grace St.; Miss Ruby Hamilton, 36 Maitland St.; Miss Ida MacAfee, Western Hospital; Miss Helen MacIntyre; Mrs. Josephine Clissold, 34 Inglewood Dr.; Miss Lily Delaney, Hospital for Incurables.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss G. Garvin; Vice-Chairman, Miss G. Bennett; Secretary-Treasurer, Mrs. C. L. Devitt; Councillors, Misses Maxwell, Jackson, Marion May, MacGibbon, F. Nevins, Whiting (Cornwall, Ont.); Representative to Board of Directors, R.N.A.O. Miss Marion May; Conveners of Committees: Public Health, Miss MacGibbon; Private Duty, Miss F. Nevins; Membership, Miss Maxwell; Programme, Miss Jackson; Publication, Miss G. Bennett.

DISTRICT No. 10, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Jane Hogarth, Fort William; Vice-Chairman, Miss P. Morrison, Fort William; Secretary-Treasurer, Miss T. E. Gerry Fort William; Councillors, Misses S. McDougall and M. Stowe, Port Arthur; Misses A. Walker, E. Hubman, Bell and Mrs. Foxton, Fort William; Private Duty Representative, Miss S. McDougall; Public Health Representative, Miss E. Hubman; Nursing Education Representative, Miss P. Morrison; Membership Committee, Miss Walker (Convener), Misses Wade, Boucher, McCutcheon; Programme Committee, Mrs. Foxton (Convener), Mrs. McCartney, Misses McDougall, Lovelace, Cudmore; Finance Committee, Miss Bell (Convener), Misses R. Graham, M. Stowe, B. Montpetit; "The Canadian Nurse" Representative, Mrs. Foxton.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. Tait; President, Miss R. Coulter; Vice-President, Miss M. Turnbull; Secretary, Miss H. Collier; Treasurer, Miss M. Hales; Corresponding Secretary, Miss E. Cronk; Advisory Committee, Misses R. Coulter, B. Soutar, H. Collier, E. Wright, Mrs. P. Cook; Flower Committee, Misses V. Humphries, E. Hull, B. Soutar, M. Cockburn, Mrs. P. Cook.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss Jessie Wildon; Vice-President, Miss Dora Arnold; Treasurer, Miss Gladys Westbrook; Secretary, Miss Kate Charnley; Assistant Secretary, Miss Doris Small; Flower Committee, Miss Edmonson, Miss Nellie Yardley; Gift Committee, Miss Hilda Booth, Miss Margaret Gillespie; "Canadian Nurse" Representative, Miss Margaret McCormack; Representative to Local Council of Women, Mrs. Melliard; Convener, Social Committee, Miss Anne Fair.

BROCKVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Alice L. Shannette, Superintendent, Brockville General Hospital; President, Mrs. H. B. White, 133 King Street E.; First Vice-President, Miss Maude Arnold, 206 King E.; Second Vice-President, Miss Jean Nicolson, 266 King W.; Third Vice President, Mrs. W. B. Reynolds, 68 Bethune St.; Secretary, Miss M. Beatrice Hamilton, Asst. Supt., Brockville General Hospital; Treasurer, Mrs. Geo. Lafayette, 454 King W.; Representative to "The Canadian Nurse," Miss Gertrude Myers, Night Supervisor, Brockville General Hospital; Refreshment Committee, Mrs. Allan Gray, 466 King W.; Mrs. Herbert Vandusen, 65 Church St.

THE ALUMNAE ASSOCIATION OF THE PUBLIC GENERAL HOSPITAL, CHATHAM, ONT.

Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Mrs. Clarence Coyle, 3 Ellwood Ave.; First Vice-President, Mrs. Fred Clark, King St.; Second Vice-President, Miss Jean Coatsworth, 224 Victoria Ave.; Recording Secretary, Mrs. Bruce Bourne, 16 Robertson Ave.; Corresponding Secretary and Press Correspondent, Miss Grace McKerracher, 46 McKeough Ave.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; Representative, "The Canadian Nurse," Mrs. C. N. Crysler, 102 Cross St.

THE ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, CHATHAM, ONT.

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, 8 Oriole Gardens, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Elizabeth Shortreed; President, Mrs. Reg. Hockin; First Vice-President, Miss Ferguson Second Vice-President, Miss Etta Stewart; Treasurer, Miss Beatrice McDonald; Secretary, Miss Manie Fletcher; Correspondent, Miss Nellie Cooke

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss Jean Souter, Hamilton General Hospital; Vice-President, Miss Eva Hulek, 50 Fairholt S.; Recording Secretary, Miss Ella Baird, 158 James S.; Cor. Secretary, Miss Janie Cordner, 70 London Ave; Treasurer, Miss Hilda Merrett, 7 Gage Ave. N.; Programme Committee, Miss Atkins, Convener; Misses Mabel Chappel, Harrison, Tessie Armstrong, Annie Raybold, Catherine Harley; Flower and Visiting Committee, Miss Annie Kerr, Convener; Misses Buckbee, Squires, McDermott; Registry Committee, Misses A. Kerr, Clara Waller, Ketchen, B. Binkley; Executive Committee, Miss H. A. Sabine, Convener, Misses Hall, Champ, Buscombe, Cora Taylor; Representatives to Local Council of Women, Misses Burnett, Sadler, Laidlaw, Buckbee; Representatives, "The Canadian Nurse," Miss Burnett, Miss McIntosh, Convener; Misses Sadler, Spence, Squires; R.N.A.O., Private Duty, Miss Hanselman.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sr. M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss Catherine Crane, 24 Rutherford Ave.; Secretary-Treasurer, Miss Frances Quintin, 96 East Ave. South; Executive Committee, Miss Anna Maloney, 31 Erie Ave.; Miss Elizabeth Quinn, 12 Cumberland Ave.; Miss Margaret Brennan, 816 King E.; Miss Myrtle Leitch, 99 Queen S.; Miss Marie Brohman, Mt. View Apts., James S.; Charity Committee, Miss Mae Maloney; Sick Committee, Miss Margaret Kelly, 43 Gladstone Ave.; Representative to "The Canadian Nurse," Miss Clara Himner, 168 Walnut.

NURSES ALUMNAE ASSOCIATION OF THE KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss A. Baillie; President, Miss A. McLeod; First Vice-President, Mrs W. P. Peters; Second Vice-President, Mrs. G. H Leggett; Treasurer, Mrs. C. W. Mallory, 203 Alfred St., Kingston; Secretary, Miss Oleira M.Wilson .Kingston General Hospital, Kingston, Ont.; Press Representative, Miss Evelyn E. Freeman, Kingston General Hospital, Kingston; Convener, Flower Committee, Mrs. G. Nicol, 355 Frontenac St., Kingston.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. James Westwell, Reg.N.; First Vice-President, Miss K. Grant, Reg.N.; Second Vice-President, Miss V. Berlett, Reg.N.; Secretary, Miss Nellie Scott, Reg.N., c/o Dominion Tire Factory; Asst. Secretary, Mrs. J. Donnley, Reg.N.; Treasurer, Miss E. Schneider, Reg.N., 45 Highland Rd.; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, Reg.N., 102 Young St.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elias St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St., London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss Winnifred Ashplant, 807 Waterloo St.; First Vice-President, Miss Millie Turner, Victoria Hospital; Second Vice-President, Miss Mary Jacobs, Victoria Hospital; Treasurer, Miss Alma Anderson, 344 Richmond St.; Secretary, Miss Ethel Stephens, 190 Wellington, St.; Board of Directors, The Misses Ruttle, Rose, McPherson, McLaughlin, Gillies, and L. McGugan. "The Canadian Nurse" Representative, Miss Della Foster, 503 St. James St.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss L. V. McKenzie, R.N.; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N.; Secretary-Treasurer, Miss G. Went, R.N.; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dudenhoffer, R.N.; Miss Garry, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Tuesday in each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. MacWilliams; President, Mrs. G. M. Johnston; Vice-President, Miss Ada Rice; Secretary and Corresponding Secretary, Miss H. M. Jibb; Assistant Secretary, Miss M. Dickie; Treasurer, Miss J. Cole.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss M. Stewart, Lady Grey Sanatorium; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; President, Miss M. Crilly; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Membership Secretary, Miss E. Rochon; Secretary-Treasurer, Miss Juliet Robert, 139 St. Andrew St.; Representative, "The Canadian Nurse," Miss K. Bayley; Representatives to the Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss G. Evans; Representatives to Central Registry, Misses Egan and Stackpole and a member of each class.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss L. D. Acton; Vice-President, Miss E. Maxwell; Secretary, Miss Pearl McQuitty, St. Luke's Hospital; Treasurer, Miss G. Stanley.

Representative to Local Council of Women—Miss M. Hewitt.

Nominatin Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

OWEN SOUND GENERAL AND MARINE HOSPITAL NURSES ALUMNAE ASSOCIATION

Honorary President, Miss M. Sterling; President, Miss C. McLean, 1132 3rd Ave. E., Owen Sound; First Vice-President, Miss Olga Stewart; Secretary-Treasurer, Miss Grace Rusk, 952 5th Ave. E., Owen Sound; Asst. Secretary-Treasurer, Miss Webster; Sick Visiting Committee, Mrs. D. J. McMillan (Convener), Mrs. William Forgrave, Miss Cora Thomson; Programme Committee, Miss M. Graham (Convener), Miss E. Hopper, Miss B. Scott; Registrar, Mrs. L. Dudgeon; Press Representative, Miss Cora Stewart.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson, Superintendent, Nicholls' Hospital; President, Miss Fanny Dixon, 538 Harvey St.; First Vice-President, Miss Walsh, Asst. Supt., Nicholls' Hospital; Second Vice-President, Miss Anderson, 212 London St.; Recording Secretary, Mrs. L. A. Law, 511 King St.; Treasurer, Mrs. Anne Taylor; Correspondence Secretary and Representative to "The Canadian Nurse," Miss M. Ferguson, 476 Bonaccord St.; Private Duty Representative, Miss Reid; Representatives to Local Council of Women, Misses Anderson, Long, Stocker; Convener Socia Committee, Mrs. Maurice Pringle.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss M. Fisher; Secretary, Miss P. Lumby; Treasurer, Mrs. Harrison Shanks; Representative to "The Canadian Nurse," Miss S. Laugher; Convener, Flower Committee, Miss Lee.

SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss V. Meadows; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHERINES, ONTARIO

Hon. President, Miss H. T. Meiklejohn, Superintendent, Mack Training School; President, Mrs. Parnell, 161 Church St.; First Vice-President, Mrs. W. Durham, R.R. No. 4; Second Vice-President, Mrs. G. T. Zumstein, 18 Court St.; Secretary-Treasurer, Mrs. Dewar, Niagara Highway; Asst. Secretary-Treasurer, Mrs. Leo Battle Thorold, Ont.; Representative to "The Canadian Nurse," Miss Ethel Whittington, General Hospital; Class Corresponde t, Mrs. Steel, 16 Lowell Ave.; Programme Committee, Mrs. A. E. Mayer, Miss D. Colvin, Miss Mary Smith.

THE ALUMNAE ASSOCIATION AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Olive Watterman, Memorial Hospital; President, Miss Myrtle Bennett, Memorial Hospita; Vice-President, Miss Verna McCallum, 33 Wellington St.; Secretary, Miss Amy Prince, 33 Wellington St.; Treasurer, Miss Mary Malcolm, 33 Wellington St.; Representative, "The Canadian Nurse," Miss Hazel Hastings, 101 Curtis St.; Flower Committee, Mrs. J. A. Campbell and Mrs. Thos. Keith; Auditors, Miss Jean Killins and Mrs. J. A. Campbell; Executive Committee, Miss L. Crane, Mrs. R. Stevenson, Mrs. L. Sinclair, Miss Hazel Hastings, Miss L. Cook.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Kathleen Russell; First Vice-President, Miss Jean E. Browne; Second Vice-President, Miss Agnes Neill; Recording Secretary, Miss Margaret Dulmage; Corresponding Secretary, Mrs. A. W. MacKay, 46 Doel Ave.; Treasurers, Miss Clara Vale and Miss Marguerite Malone; Councillors, Misses Ada Kennedy, Josephine Kilburn, Annie Dove, Ethel Cryderman and Mrs. Margaret Dewey.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray, 73 Manor Road; Recording Secretary, Miss A. O. Bell, Grace Hospital; Treasurer, Miss Ruth Garrow; Corresponding Secretary, Miss M. F. Hendricks, 26 Rose Park Crescent.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave., Toronto; Vice-President, Miss Margaret Ferriman, 53 Herbert St.; Secretary, Miss Margaret Bing, 130 Dunn Ave.; Treasurer, Miss Ione Clift, 130 Dunn Ave.; Convener, Social Committee, Miss Mary Forman, 130 Dunn Ave.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smithers, Sussex Court Apts.; Vice-President, Miss Catherine MacKinnon, 100 Bloor St. W.; Sec.-Treas., Miss Lucy M. Loggie, Apt. 12, 610 Ontario St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Miss M. Jones, Riverdale Hospital; First Vice-President, Miss E. Scott, 340 Shaw Street; Second Vice-President, Mrs. Quirk, 15 Selby St.; Secretary, Miss D. Mick, Riverdale Hospital; Treasurer Miss A. Armstrong, Riverdale Hospital; Board of Directors, Miss. F. McMillan, Riverdale Hospital; Miss M. Thompson, Riverdale Hospital; Miss Hewlett, 11 Wheeler Ave.; Miss Davidson, 1 Howland Ave.; Mrs. Gribble, 8 Juniper Ave.; Conveners, Standing Committees, Sick and Visiting, Miss McLaughlin, Riverdale Hospital; Programme, Miss E. Scott, 340 Shaw St.; Central Registry, Misses Hewlett and Barrett; Representative, "The Canadian Nurse," Miss Delta Mick.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO

President, Mrs. A. L. Langford; First Vice-President, Miss Hughes; Second Vice-President, Mrs. A. H. Babcock; Treasurer, Miss M. Jenkins, Hospital for Sick Children; Secretary, Miss Lowe, c/o Dr. Roy Simpson, 274 Danforth Ave.; Corresponding Secretary, Miss G. Clark, 406 Rushton Rd.; Conveners of Committees: Programme, Mrs. Sword; Social, Mrs. Grant Strachan; Sick Visiting, Mrs. Wm. Kerr; Representative, "The Canadian Nurse," Mrs. James, 165 Erskine Ave.; Representative R.N.A.O., Miss St. John; Representative, Central Registry, Miss Miller.

THE ALUMNAE ASSOCIATION OF ST. JOHN'S HOSPITAL, TORONTO

Hon. Presidents, Sister Beatrice and Sister Dorothy; President, Miss E. R. Price, 6 St. Thomas St.; First Vice-President, Miss G. Hiscocks, 498 Euclid Ave.; Second Vice-President, Miss S. Burnett, 577 Bloor St.; West; Recording Secretary, Miss S. Morgan, 28 Major St.; Corresponding Secretary, Miss Q. Turpin, 1364 Bathurst St.; Treasurer, Miss R. Ramsden, 6 Carey Road; Conveners of Committees: Sick Visiting, Miss S. Morgan; Entertainment, Miss V. Holdsworth, Islington, Ont.; Press Representative, Miss S. Burnett.

Regular meeting—third Thursday at 8 p.m

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. Presidents, Sr. M. Julianna and Sr. Amata; President, Miss Hilda Kerr, 60 Emerson Ave.; First Vice-President, Miss Eva Dunn; Second Vice-President, Mrs. W. H. Artken; Third Vice-President, Miss Ellen Graydon; Recording Secretary, Miss Margaret Nealon; Corresponding Secretary, Miss Marie McEnaney; Treasurer, Miss Irene McGurk; Directors, Miss Bertha Cunningham, Mrs. J. E. Day, Miss Marie Ellard; Conveners of Standing Committees, Misses M. Larkin, J. O'Connor, Helen Keeney.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

WELLESLEY HOSPITAL ALUMNAE ASSOCIATION

President, Miss Vera Malone, 168 Isabella St.; Vice-President, Miss Edith Cowan, 100 Gloucester St.; Corresponding Secretary, Miss Edith L. Carson, 72 Homewood Ave.; Recording Secretary, Miss Marion Wansbrough, 5 Maitland Place; Treasurer, Miss Kathleen Leyton, 38 Helendale Ave.; Members of Executive, Mrs. Barry, Misses McFall, Anderson and Harrison; Representatives to Central Registry, Miss Helen Carruthers, 112 Bedford Rd., and Miss Elda Rowan; Correspondent to "The Canadian Nurse," Miss Ina Onslow, 100 Gloucester St.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. L. Ellis; President, Miss Wiggins; Vice-President, Miss Grace Sutton; Recording Secretary, Miss Ryde; Secretary-Treasurer, Miss Marjorie Agnew; Representative to R.N.A.O., Miss Lena Smith; Representative to "The Canadian Nurse," Miss McDougall; Representatives to Local Council of Women, Mrs. McConnell, Mrs. Heuston; Councillors, Mrs. Yorke, Misses Cooney, Phillips, Cook, McLean, Elva, Hewitt; Social Committee, Miss Smith, Miss Bishop.

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

ALUMNAE ASSOCIATION WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; President, Miss B. Stillman; Vice-Presidents, Miss Scott and Miss Fraser; Treasurer, Miss Chalk; Corresponding Secretary, Miss B. Peacock; Recording Secretary, Miss D'Arcy Barrie; Representatives to Local Council, Mrs. S. Johnson and Miss Patterson; Representatives to Private Duty Section, Miss Ennis and Miss Worth; Representative to "The Canadian Nurse," Miss L. Shaw.

THE ALUMNAE ASSOCIATION OF THE CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL FOR CONSUMPTIVES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson; President, Miss Hazel Dixon, Reg.N., Toronto Hospits for Consumptives; Vice-President, Miss Ella Robertson, Reg. N., Toronto Hospital for Consumptives; Secretary, Miss Josephine Wik, Reg.N., Toronto Hospital for Consumptives; Treasurer, Maude Powell, Reg.N., Toronto Hospital for Consumptives.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Mrs. J. McDiarmid; Vice-President, Miss L. M. Davidson; Recording Secretary, Miss Gladys Jefferson; Corresponding Secretary, Miss Jane Read, 375 Ingersoll Ave.; Treasurer, Miss H. Hamilton; Representative, The Canadian Nurse," Miss Anne Kerr.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. Buck; President, Miss H. Buchanan; First Vice-President, Miss D. Ingraham; Second Vice-President, Miss D. Stevens; Corresponding Secretary, Miss M. Robins, 17 Magog St., Sherbrooke, P.Q.; Recording Secretary, Miss H. Hetherington; Treasurer, Mrs. Gordon Edwards.

LACHINE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss L. M. Brown; President, Mrs. McL. Murray; Vice-President, Miss K. Mason; Secretary-Treasurer, Mrs. D. H. Balmain, 383 St. Catherine St., Lachine, P.Q.

Regular Meeting—Second Monday of each month, at 8.15 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

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Regular Meeting—First Tuesday in each month, at 8.15 p.m.

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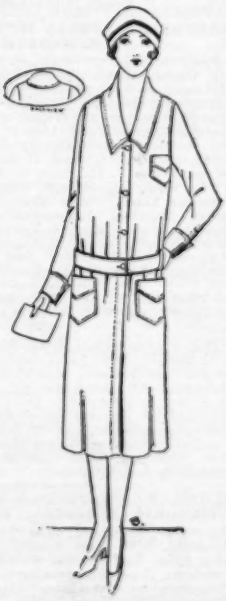

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